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LECTURE.

*THE GALVANIC CURRENT AS A LAXATIVE.**

BY JOHN V. SHOEMAKER, A.M., M.D.

IN some remarks which I lately made before this class, on the subject of the laxative effect on the bowels produced by the galvanic current administered with the intra-rectal rheophore, I incidentally spoke of expansion and contraction of the rectum, dependent upon the relative positions of the poles and the alternation of anode-opening with cathode-closing.

I wish now to recur to the phenomena exhibited by that experiment, not with reference to the statement made as to the efficacy of the current in loosening the bowels, but solely with reference to the associated phenomena considered in themselves. All such investigations cannot but tell favorably upon our advance in knowledge in that portion of electro-physics which has a direct bearing upon the practice of electro-therapeutics.

If you will follow me for a few steps, I think that you will find the conclusions to which I wish to lead you to be inevitable.

If I insert the intra-rectal olive-shaped electrode into the adult rectum, it is certain that I do not thereby mechanically dilate it, for the simple reason that the diameter of the olive-shaped head is less than the calibre of the rectum. It is equally certain that the electric current does not thereby dilate the rectum, for the current is not supposed to be yet turned on. The rectum, therefore, remains as yet of the normal size.

But now, let the positive pole of the battery be attached to the intra-rectal instrument, and let the negative pole, represented by an electrode armed with a moistened sponge, be placed on the perinæum. Then one of the phenomena to which I wish to draw your attention presents itself,—the rectum contracts, as is proved by the sudden contraction of the sphincter ani, and, as the rectum was previously at its normal size, it has, therefore, contracted below its normal size.

The conclusion, then, would seem to be inevitable that for all similar passages, where the anode is in contact with them, the galvanic current contracts the parts, and we seem to see plainly why, even independent of the specific chemical effects produced by the positive pole, it cannot be used in the urethra. But we will examine the question more closely. Let us proceed to reverse the conditions of our first experiment.

Place the olive-shaped electrode in the rectum, this time with the negative, instead of the positive, pole associated with it, and, turning on the current by applying the positive-pole electrode, armed with a moistened sponge to the perinæum, what is the obvious physical effect? Absolutely none; and yet, as in the preceding case, the current is flowing. But, now, while the current continues to flow, suddenly withdraw the sponge from the perinæum and the rectum instantly contracts, as is evidenced by the contraction of the sphincter and the draught of the instrument upward.

* Delivered at the Medico-Chirurgical Hospital of Philadelphia.

The rectum has, therefore, in this case become dilated, instead of, as before, remaining normal until contraction took place. You may ask, How is the latter conclusion equally legitimate with the first? I answer, Because the rectum having been at first, as in the former experiment, normal in size, the contraction took place not as before, by turning on the current, but, on the contrary, by stopping it. It is, therefore, clear that since by stopping the current the rectum was caused to contract, it must have been at the previous moment dilated by the current.

It may be argued that previous dilatation is not proved by the contraction, because the contraction may have been caused by the recoil of induced electricity on the intra-rectal instrument. To this would be the conclusive reply, that this view would not accord with the recognized behavior of induced electricity. The law of induction is that the electric current produces a momentary inverse current in a neighboring conductor, and its cessation a momentary direct current in a neighboring conductor. Now, in the case in question, there is, in the first place, no neighboring conductor, the body not standing in lieu of such. In the second place, the current interrupted is passing from the perinæum to the rectum, and, therefore, if stopped, the induced current, if induced current there were, being a momentary inverse current, would be away from the instrument in the rectum, and thus incapable of contracting the rectum by its shock. In the third place, taking the converse case, in our first experiment, where the current flows from the rectum to the perinæum, why, it may be asked, if we are dealing with an induced current, is it that no apparent effect whatever is produced by the interruption of cathode opening? It is plain, therefore, that an induced current is not at all concerned in either of the phenomena which we have been discussing, and that, in the second experiment, the fact of the anode-opening on the perinæum causing contraction of the rectum proves that the part had been previously dilated.

I wish here, in conclusion, to introduce a cautionary word with reference to all such experiments. The current from the contact of the positive pole is injurious to mucous-membrane passages, and near the prostate may seriously injure the constitution of that delicate gland.

ADDRESS.

*THE PROGRESS OF MEDICAL JOURNALISM.**

By the President, I. N. LOVE, M.D.,
St. Louis, Mo.

FELLOW-EDITORS: It is needless for me to attempt to express my appreciation of your having chosen me to preside over your honorable body.

An organization which includes in its membership the editorial representatives of the leading medical journals of America is one over which any man might feel proud to preside, even though conscious of the fact that the kindly regard of cordial friends had more to do with his selection than special fitness or marked editorial ability.

I shall not weary you with a lengthy address, as there are numerous papers to follow which will prove more interesting, but have decided to throw out, not in an advisory way, but merely as suggestions, a few points which I trust will not prove completely stale and unprofitable.

It would be more interesting than gainful for me to present to you a history of the progress of medical journalism from 1686, the year which gave birth to the first medical journal, down to the present day. I am safe in saying that medical journalism has kept pace with the advancement in other directions.

The printed sheets, published at stated intervals, devoted chiefly to intelligence on current events, under the name of newspapers, appearing first in the early part of the seventeenth century, were mostly in the form of weekly news-letters, which only the aristocracy could afford; but from this small beginning has been evolved the mammoth metropolitan daily journal, appearing once or twice or half a dozen times a day, selling for a song, purchased by the millions, and he who runs may read what happens from one end of the world to the other.

Has the medical journal followed the pace set by the secular press? I will answer "Yes" and "No." However, taken in their entirety and completeness, I believe the medical journals of the world may be credited with

* Delivered at the Annual Meeting of the American Medical Editors' Association, held at Nashville, Tenn., May 19, 1890.

having kept in line with the progress of the journalistic procession.

The current advances of the profession, the achievement of the medical world's best workers, have been faithfully recorded and promptly presented. The negative side of the question confronts us when we consider whether the medical journalist has, like his brother of the secular press, kept his fingers upon the pulse of those he serves.

Has he properly considered their tastes, their capacities? Has he sufficiently mingled with the masses he has been desirous of feeding? In general has he not been inclined, like the Pythian priest in the temple of Apollo, to sit upon his tripod—with his tripod upon stilts—deeming himself and his views even more thoroughly oracular than the Delphic one of old?

In secular affairs the procession moves so rapidly that the journalistic music must be made appropriately fast, just as fast as possible within the limits of harmonical sound, and even then a discordant note is occasionally heard.

The actions of men, the affairs of commerce, the ups and downs of the world at large must be known by the reading masses before entering upon the various duties of the day. But science, hygiene, sanitation, and the dreary routine of the doctor's life, the needs of humanity, the interests involved, and careful thought, are, in the aggregate, against the too frequent appearance of the medical journal. The daily medical journal, in spite of the fact that the medical world is moving more rapidly than ever before in the history of the world, would be, in the nature of things, an absurdity.

Thoughts, inventions, suggestions, and discoveries are coming in rapid array, but, in view of the fact that they pertain to the most serious of all earthly affairs, they must be weighed in the balance and found worthy, and not sky-rocketed upon the medical horizon like the sensational gossip of the daily press, which gives zest to the morning meal.

At this point the query presents itself, How often should the medical journal make its appearance? I answer, Just as often as its equipment may enable it to present well-digested facts in good form for ready assimilation by its readers, bearing in mind that the doctor's life is a monotonous round of drudgery, in the majority of cases nine months out of the year his "day's work" being never done.

On the "go" from sixteen to eighteen of the twenty-four hours, the doctor, if he receives a journal too often, will see and read about one in four copies; the other three will remain in their wrappers.

He who sits in his sanctum delving in science, looking through the small end of a microscope (seeing things which to the average eye are an unopened book), who daily walks in the valley and the shadow, as well as on the mountain-top of science, may well feel that the ideal medical journal should deal in nothing but cold facts; should be severely and serenely scientific; that if it is anything else than this, anything else than learned and logical, strong and heroic, heavy with the accumulations of thoughts thrown out by theoretical authorities, it is undignified and unscientific.

They who are able to grasp such a journal are the upper "four hundred" of the profession, who have not a thought beyond that which is perfect, and are learnedly angelic; but when it comes to presenting this saturnine production to the masses of the profession it will prove, more than likely, a cold dish.

Not that they are not qualified to appreciate it, but that they are too busy. They are practical workers. Many of them, as I said before, are either in the saddle or the sulky, in the buggy or the brougham, behind one or more of man's most faithful slaves sixteen to eighteen of the twenty-four hours, engaged in an effort to relieve suffering humanity.

Four nights out of five they are unable to sleep in their own homes, and hardly have sufficient leisure to become acquainted with the individual members of their own families.

They are all anxious to keep up with the procession of the sciences; ready to pick up crumbs of knowledge and information wherever available, but certainly in no humor to grasp one of the ideally perfect journals and wade through long, learned, and labored theses, turned out after months of work by the scientifically pluperfect.

These practical workers, these slaves to a horde of suffering tyrants, want meat and drink, nutrition and stimulation, which are available and which they can pick up by the way-side at fits and starts.

In my judgment the best journal is the one

which can present a fair epitome of the results achieved by the bacteriological, chemical, anatomical, physiological, pathological, and clinical workers; in fact, I think that the best journal is the one which furnishes matter within the scope of all, on the principle that he does the most good who does the greatest good to the greatest number.

Of course there can be no doubt that the special journal, heavy with science, comes within the reach of only a few; and those who conduct it should not feel that it is any better because more exclusive than the more varied, practical, democratic, and generally useful journal which caters to a large number.

I feel that every worker in the medical field should be induced to contribute his mite to the fund of knowledge. There are those who have been long out in the scholastic groove, working as slaves in the ranks of experience. The habit of jotting down their thoughts and ideas has long been broken. If called upon to contribute an article for a journal, the product, viewed from the stand-point of the schools, might fall far short of perfection; but that it would be of value I am sure cannot be denied. We often hear the announcement made by medical men that they will never write except when they have something absolutely original. We must remember that it is only by knowing the views and work of other men that we accomplish the crystallization of our own views. It is well to bear in mind, too, that the good and the true will bear repetition and are seldom strikingly new. What we want is the recorded observations of workers in the medical field. Men who hibernate in their closets and indulge in day dreams may evolve, by means of the proper equipment for scientific investigations, that which is of value, but the practical worker can apply these deductions and test them in the severe school of experience, and we need just such evidence as these practical workers can give.

I claim, too, that a medical journal should be constantly on the look-out to present all that is of interest to the medical guild; ever alert to advance its material good, striving in the direction of the complete organization of its members.

OFFICIAL ORGANS.

Under the existing conditions of medical journalism in America, I am strong in the conviction that there is no justification for any medical body possessing itself of an official organ, save and except the American Medical Association.

In the nature of things it is proper that the national representative body of the profession should be officially represented by a journal, and it should be the duty of that journal to work in harmony with all the various medical journals of America. It is fortunate for the American Medical Association that its official organ has been in such good hands.

Regarding journals which serve in the capacity of organs to State, district, and county societies, medical colleges, instrument houses, publication houses, proprietary medicines, etc., I am of the opinion not that they lag superfluously on the stage, but that their influence and usefulness can be but limited. However, I am firm in the belief that these and all other medical journals, so long as they spread knowledge, are productive of good.

We often hear the statement that there are too many medical journals, but it is no more true than is the statement that there are too many doctors, or workers in other fields. As long as good work is done, and the governing thought in the worker is the accomplishment of general good, there cannot be too many workers, either in journalism or any other field. The inexorable law of the survival of the fittest will obtain and solve the problem here as elsewhere.

I have thought for several years that this National Association of Medical Editors, meeting as it does annually the evening preceding the first day's session of the American Medical Association, should extend its work to the degree of having a session of one or two hours—say from 8 to 10 A.M.—each day that the American Medical Association is convened.

By having the several sessions the members would be brought together oftener and more intimately, and many things of interest to our craft could be carefully considered, and conclusions reached which would have a far-reaching effect upon the journals and the profession.

I would not presume to advise this body, and yet I cannot refrain from announcing as my belief that every medical editor in America, who is loyal to the best interests of the profession and himself, will not only attend the annual meeting of the American Medical Editors' Association, but will never fail to be present at

the meetings of the American Medical Association, and urge the profession of the entire Union to join and attend this grand representative body.

Let us never lose sight of the fact that the editor who mingles most with doctors is the best qualified to know their needs.

Let us not as medical journalists throw overboard from our vessels the ballast of sound, judicious "conservatism,"—a discrete desire to present solid, scientific sustenance to our subscribers,—but may we not take the cue from the daily press to the extent of giving proper variety to our patrons? Let us try to lead our professional brethren in correct directions, but may we not occasionally, in fact frequently, follow their leadership? Let us bear in mind the many carking cares constantly crowding into the doctor's life, and while we try to present entire loaves of solid, scientific food, let us ever and anon throw in all the crumbs of comfort that we can. Let us remember that a little wit, gayety, and even nonsense now and then are relished by the best of men. Charles Dudley Warner recently remarked, "It is better to be dead than dull." Let us try to be neither dead nor dull, but let us be saturated with a desire to improve, advance, and inspire our readers with a determination to do the best work in their power for humanity and the profession. Let us strive to make the uppermost thoughts of our editorial lives those connected with science, humanity, charity, business thrift, brotherly kindness, and cheerfulness.

ARISTOL IN SURGERY AND DERMATOLOGY.—This was the subject of a paper read before the Society of Practical Medicine, May 22, 1890, by M. Gaudin. The author drew a parallel between aristol, or biniodide of thymol, and iodoform. He instanced a number of conditions in which aristol had shown itself quite as efficacious as iodoform, and dwelt particularly on its harmlessness and its almost absolute lack of odor. Aristol adhēres well to the skin and especially to mucous membranes, for which reason it is well adapted to serve as a dressing in lesions of the natural cavities. On account of its insolubility in water it is absorbed with difficulty, but its local effects are very manifest and satisfactory.—*Le Progrès Médical*, May 31, 1890.

ORIGINAL COMMUNICATIONS.

RAPID INCUBATION OF A CASE OF HYDROPHOBIA.

BY THOMAS A. McCLORY, M.D.,
MARSHALL, MO.

YOUR recent report of a case of hydrophobia, by Dr. Hulshizer, reminds me that I too had a case that would probably be of some interest to the profession, not on account of any particular line of medication, but on account of the rapid development of the disease and death of the patient, exactly fifteen days, lacking two hours, from time of bite until his death. It is rare that a case runs such a rapid course, and hence I put it on record.

The patient was a young man, about 20 years of age, of average build and health. He was bitten in the upper lip about midway between the median line and the corner of the mouth. The bite divided the lip so as to necessitate two deep stitches to draw and hold together. The wound bled profusely and was well washed and slightly cauterized with carbolic acid before stitches were put in. The wound healed rapidly. I cut the stitches out at the end of fourth day and covered wound with adhesive plaster.

The patient frequently complained of neuralgic pains in side of his face and head, and on the thirteenth day after his injury he was so sick from headache and fever that he quit work and went to bed. I saw him shortly after and found him very nervous and in a tremulous condition, with the side of face and neck badly swollen and heavily coated tongue. The cervical glands were also swollen. I gave him ½ grain morphia hypodermically, which quieted him for about an hour but did not cause sleep. I continued to use it as often as indicated to quiet him, in increasing doses, until I was giving him 1 grain at a dose. I gave him 11½ grains in fifteen hours. I also used chloral hydrate, per rectum. This also seemed to produce some temporary quieting effect. I furthermore used Fowler's solution of arsenic, 70 drops in fourteen hours (10 drops hypodermically every two hours). Whisky and milk were given, per rectum, as stimulant. The bowels were obstinately constipated, and I could not get them to move by means of injections. I had to use the catheter to draw off the urine. The patient was in constant

motion, turning and twisting around in bed. He was talkative and very emotional, fits of merriment and melancholy quickly alternating. Saliva was constantly forming and was so thick and tenacious that he could only with difficulty keep his throat clear. He frequently vomited a greenish, watery mass. The man could swallow nothing, as a teaspoonful of water threw him into violent spasms with all the horrors of the dread disease. Once seen, such a case is never to be forgotten.

He died thirty hours after taking to his bed. The young man was acting as telegraph messenger and was out a good deal in a cold, rainy storm that was prevailing here at the time. This, I think, had something to do with developing the case at such an early date. The fact of being bitten in the lip was probably another cause. The dog was not known at the time to be rabid, but his habits from a quiet and playful to a surly, restless, and fighting dog led us to suppose that he was mad. He left his home after biting the boy, and as he did not return was evidently killed.

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*FEEDING IN THE WASTING DISEASES.**

(Continued from July number.)

By EPHRAIM CUTTER, A.M., LL.D.,

M.D.; HARVARD, 1856, AND UNIVERSITY OF PENNSYLVANIA, 1857,

Author of Boylston Prize Essay for 1857 on "Under What Circumstances do the Usual Signs Furnished by Auscultation and Percussion Prove Fallacious?"; Corresponding Member of the Belgian and Italian Microscopical Societies; Honorary Fellow of the Society of Science, Letters, and Art, London; Principal Medical Department of Instruction of the American Institute of Micrology, etc., etc.,

AND

JOHN ASHBURTON CUTTER, M.D., B.Sc.,

NEW YORK CITY.

Third Section.—Neurasthenia in Males.

Where often the patients objectively appear like consumptives—occurring amongst business men and students, and is due to improper feeding.

We had intended giving statistics of fifty cases, but our report has grown to too large proportions to present these cases.

A preliminary report on this subject was presented to the Richmond Medical and Surgical Society, January 23, 1890, and published in the Virginia Medical Monthly for February, 1890.

"Some thirty years ago the senior writer was Secretary of the Middlesex (Mass.) East District Medical Society, and, on being requested by me to do so, one of the members, Dr. ——, of ——, kindly stated his case to the Society and asked for opinions and treatment. It dealt entirely with neurotic symptoms, which varied from time to time, and showed a lack of nerve-force, without any organic disease which could be detected. The case was a poser; no expression of opinion nor of treatment could be drawn from the members. The doctor himself was a bright, careful, intelligent observer; and his relation showed that he had skillfully treated himself up to the standard of the then present state of knowledge.

"After a series of cases had been worked up for several years, on which this paper is based, Dr. ——'s case occurred to mind, and he gratified me by sending, at my request, seven one-ounce bottles of morning urine, voided on seven successive days. These specimens, when subjected to physical exploration, showed the presence of a protoplasmic or colloid discharge, which, in other cases, had been to me a sufficient evidence of one cause of male neurasthenia, and which it is proposed to explain.

"*Morphological Evidence.*—This physical sign is found in the morphology of urine. (See "The Clinical Morphologies," E. Cutter, New York, 1888, p. 45.) It is not that observers have not noticed this discharge; they have, still they have regarded it of no pathological significance. Where we differ from them is that we do regard it as a valuable diagnostic sign of the male neurasthenia. The way this difference of view came about was as follows: Since 1880, I have made a practice of studying the morphology of the urine of patients, sometimes daily for weeks and months. But coming upon neurotic cases, in which this colloid discharge was the only appreciable lesion, and finding that when such cases were treated and the catarrhal condition removed they always improved, and so long as the patient would follow out the directions the improvement continued, I was led to take the position here given, and I feel convinced that this complaint is a very common one, occurring often in old and young business men and students who are apparently well, save that their complaints of irritability, pains (sometimes excruciating), making them express themselves in terms which appear, to those most

* Continuation of report presented to the Committee of Dietetics of the American Medical Association, held at Nashville.

interested about them, whimsical, nonsensical, or, as we used to say in our boyhood, "hypoey." And I might remark here that I now think that, if these cases I knew in my boyhood, and were known to the whole community in which they dwelt as "hypoey," could have had the benefit of what is now understood, they would have passed from the opprobria which rested upon them by proving that there was a physical foundation for their condition, just as the women who had the same term applied to them in those days would have been relieved by finding some gynæcological disease.

"*What to Look for.*—In case of male neurasthenia, which comes to you with a long story of aches, pains, weakness, and sufferings which appears so momentous that you wonder how the sufferer could be alive, and of having want of confidence in the medical profession to discover the seat of his complaint, or to relieve him, usually there is a degree of self-confidence and positiveness of statement in his own conviction which reminds us of the same qualities we find in our better-halves. You look the case all over carefully; no lesion is found to explain such a great departure from normal innervation. You examine the urine; it appears clear, amber-colored, of good specific gravity, normal in odor, and all that is seen, if you allow it to stand overnight is a light protoplasmic cloud, occupying sometimes the whole of the lower half of the vial. Or, if in graduate glass measure, the cloud will swing half-way between top and bottom of urine. You cannot tell by the naked eye the characters of this discharge. It is put under the microscope, and the deposit is not made up of triple phosphates or urates; but if you use (as you had better use) a 1-inch objective—which is a good one, and the best are none too good—you will find, if the case is a typical one, collections of gluey (colloid), viscid matter, with no extra amount of mucous corpuscles or mucous epithelial cells, molded in shapes like Indian clubs, varying in color from white to a brown; then, if you look further, skeins of colloid matter, curled up in fanciful shapes, sometimes separated into single filaments, and sometimes filling the field so full of the Hogarth lines of beauty that you cannot help expressing your surprise, perhaps to the discomfort of your anxious patient. Besides this, the discharge is sometimes diffused through the urine in a light, fleecy, unorganized cloud, which it is sometimes difficult to recognize unless one is familiar with protoplasmic studies. Although these three forms are sometimes found together, still they are often found separate, so that, in enumerating them, we speak, first, of the protoplasmic; second, of skeins; third, of Indian clubs. Next, you must examine seven successive specimens of seven days, *i.e.*, one of each day, the first urine voided on rising. It has not seemed justifiable, in a chronic case, to base the diagnosis on one examination. For example, spermatozoa may be normally discharged once or twice a month, and if you happen to get a specimen on the day of that normal discharge it will be unwise to jump into the conclusion that the case is one of spermatorrhœa.

"Spermatorrhœa, according to my experience of thirty-six years, is a rare disease, and the diagnosis of it not complete unless the forms are found very much oftener than the normal discharge.

"I may be wrong, but I do not consider the finding of the colloid secretion in one specimen evidence enough; it must be found in a majority of the discharges for the days of the week. When you study urine daily, you will find that it varies very much. For example, in the cases in question I have been very much surprised to find them alternating on some days with albumen, casts of the kidney-tubes, and fatty epithelia, which I regard as diagnostic of Bright's disease."

In both neurasthenia and Bright's disease of the kidneys there is more or less paralysis of the parts involved. Some regard the fatty degeneration as a means of staying the effects of the paralysis. In other words, that the destruction of tissue would proceed more rapidly were it not for the fatty degeneration. Still, the neurotic symptoms differ. In simple Bright's disease of the kidneys there is but little pain, and when it occurs it comes from rheumatism, and even the neurasthenia which is found sometimes along with the Bright's. The subject is not fully worked up in this aspect, and hence I cannot speak so confidently, but it is a very interesting matter for consideration why the loss of albumen should not cause pain, when the colloid and perhaps albuminoid discharges which are found in the complaint under discussion assuredly does. One thing is certain, the neurasthenics thrive in the open air, and are worse in in-door air. A clergyman with this trouble said he would be all right if

he worked on a farm out-doors, but he wanted to use his brains in his work. A diet substantially what is lined out below cured him so that he now works in-doors, and has recovered from impotency. But air is food. There is as much difference between fresh and foul air as between fresh meat and old.

"*As to the Importance of this Form of Neurasthenia.*—When first acquainted with this disease, I knew it was hard to bear, but did not think it was dangerous; but I have had patients die with it, and the autopsies showed no sufficient cause of death. The manner of going out was with a sudden failure of the heart, as if there was not enough nerve-force to run it; so I am led to take a more serious prognosis. The patients may live, like Dr. ——, for thirty years, and though he considers that his life has been prolonged by the disease, because it has made him careful where he would have been careless, I believe there is danger, especially as the urine will alternate with albuminuria, fatty epithelia, and renal casts, as before noted. This complaint is not due to sexual abuse, *i.e.*, as a sole cause. It is a food disease. The catarrh is mainly from the ducts of the prostate and spermatic glands."

GENERAL RULE OF TREATMENT FOR THE THREE SECTIONS.

Never Prescribe Raw Beef.

Preparation of Broiled Chopped Beef.—Take beef from middle of the top of round of well-fed cattle, who were not overdriven just before death. In the handling of these chronic cases too much care may not be observed in the selection of beef; life often hangs on the smallest detail.

Cut beef into cubes 1 inch by 1 inch by 2 or 3 inches. Free from fat and connective tissue by running it through the Enterprise chopper three times, each time cleaning the fibrous tissue from the plate at distal end of machine. Or use American chopper, which is noisy but is the best. Touch with the hands the muscle-pulp as little as possible, as the human animal-heat changes the character of the meat. Mold into cakes 1 inch thick and as many inches wide as needed. Broil over bed of live coals,—charcoal is the best; oil or gas can be used. The beef, when done, should be of very dark color outside, and when opened present a reddish but not raw appearance. If the beef is rightly prepared it will be pleasant to the taste. The preparation must be done by a conscientious, intelligent, and humble individual; humble, because most cooks think they know everything about cooking when commonly they know nothing; and the one who has the work of getting ready this beef and cooking it has a position whose influence, for good or bad, cannot be overestimated.

Serve on hot-water plate and season with pepper, salt, lemon-juice, Worcestershire sauce, and in some cases butter.

Drinks.—Drink one pint of spring or distilled water that has been raised to the boiling point one hour before each meal and on retiring. Cool the water to a comfortable temperature, and drink slowly. Rest till meal-time; also after meals. The amount of water may be increased or diminished as the urinometer indicates. The urine must be at 1015 to 1020 specific gravity; free from odor, phosphates, bile, or deposit. Drink clear tea or coffee at meals.

Baths.—Take ammonia sponge-bath, 1 drachm to 1 pint of water, night or morning. Or nitric-acid baths, same proportion. Or aromatic sulphuric-acid baths, same proportion. Quinine and salicin may be given in bath per skin. The acid baths, and especially with alkaloids, are indicated in sweats.

Exercise.—Passive, by massage, so as to confer force. Also passive by riding in carriage. Also by riding on a walking horse. Do not wear people out with too much walking. Sick ones need their nerve-forces for something else.

Drugs.—The rule may be laid down that the fewer drugs given by the stomach the better. Yet cases come where there has to be the most careful exhibition of medicines. And at times these same cases will, after taking a great deal of medicine, improve almost immediately on stopping all drugs per stomach. The integrity of the stomach must be kept at all hazards. Treating these cases one learns how to wait.

Tonics.—Salicin; strychnia; pyrophosphate of iron; cinchona; mixtures of the mild vegetable fluid extracts. English iodide of potassium in small doses in asthmatic and rheumatic complication and in syphilis. Biniodide of mercury $\frac{1}{16}$ grain,—an admirable cholagogue. Exsiccated sulphate of soda for con-

stipation. Boneset, etc., etc., etc. Each case is a law unto itself.

In consumption, tumors, and cancer, the closer patients adhere to a rigid diet of the chopped broiled beef the better they will do. Sometimes the stomach rebels; this it does when the beef is not right, despite the protestations of the butcher to the contrary; on finally pressing the point you will disclose that the beef has been kept too long.

Again, the stomach needs firm discipline; there is a hysterical element in some cases (the word hysteria has been poorly used), which must not be catered to, but at times roughly handled. Prof. Wm. Goodell tells of how he stopped a patient vomiting by giving her a most cruel scolding. The rule is this, that the closer the lines are drawn the better will the patient do; no man need expect to succeed in treating chronic disease if he has to argue with his patients on the right or wrong of this procedure.

When the urine becomes normal, the blood in good order, the physician may bring in gradually some vegetable food, as toasted bread, boiled rice. It has been said we were too rigid, but, gentlemen, each case is a law unto itself, and you must feed accordingly.

Bright's disease will respond better when patients are on rigid diet. Yet we have cases of business men who live on steaks and eat some vegetable food.

The same rule applies to neurasthenia. These cases usually occur in those who cannot leave their business. It must be remembered that when the supply of fermenting food is cut off, the patient, previously half-drunk and paralyzed by carbonic-acid gas and alcohol, slumps, so to speak, and lays all his trouble to his diet. At these times it is well to give first-class whisky or brandy to some cases. No wines, porter, ale, or beer. Use Johnston's beef-extract. The whites of eggs slightly poached.

At times patients have to eat entirely against the appetite. Usually it is not well to eat beyond the appetite. In cases where stomachic feeding must be stopped for awhile alimentation has to be done per rectum and skin. It is well for all to remember that even the most depressing of cases, where the prognosis appeared fatal, have recovered. Have all chronic cases go on treatment for a year at least, and pay fee in advance each month.

We hope to present within a year to the profession a work entitled "Food and Disease for the Student and Practitioner of Medicine"—Upon Tuberculosis, Bright's Disease, Tumor, Cancer, Rheumatism, Diabetes, Obesity, Uterine Disease, Laryngeal Disease, Neurasthenia, etc., etc., exemplifying the Need of the Use of the Microscope by all Practitioners of Medicine. Illustrated by over 100 Microphotographs of Objects Within and Without the Body." The work to be sold by subscription only.

NEW YORK, "THE ARISTON," BROADWAY AND FIFTY-FIFTH STREET, May 8, 1890.

ARSENITE OF COPPER IN BOWEL TROUBLES.

BY JOHN SWAIN, M.D.,
BALLARDSVILLE, KY.

I TAKE pleasure in recording my experience with the arsenite of copper in this class of intestinal disorders, as recommended by Dr. John Aulde. The cases run in age from 3 weeks up to 60 years, and the drug has answered what was expected of it in each one.

Case I. July 14. Infant of 3 weeks, and having very frequent dysenteric discharges and slight fever. Administered $\frac{1}{100}$ grain arsenite of copper in 4 ounces of water, a teaspoonful every ten minutes for one hour, then hourly. The case is now well.

Case II. July 20. Infant of 18 months, suffering for over year with attacks of diarrhœa and lately with dysenteric discharges. Tongue white, no fever, no appetite. Used the drug in the same manner as in above case; is now well.

Case III. July 23. Girl, aged 3 years, suffering with diarrhœa, with white tongue, slight fever, and pain with discharges, which were dark-brown, slightly colored with blood and mucous. Exhibited the arsenite and the patient is now, the 26th, well.

Case IV. July 24. Boy, aged 2 years. Dysentery. Gave the arsenite in same manner. 28th, well.

Case V. July 20. Man, 21 years of age. Cholera morbus, with vomiting and purging. Gave 1 tablet in 4 ounces of water; 1 teaspoonful every ten minutes for the first seven, then 1 teaspoonful every hour. Vomiting and nausea ceased after second dose. July 26, well.

Case VI. July 25. Girl, aged 4 months.

Dysentery with bloody discharges. Gave the arsenite as above. July 26, well.

Case VII. August 1. Baby, aged 2 years. Cholera infantum. Gave 1 tablet in 6 ounces of water, to be given as above. August 3, well.

Case VIII. August 3. Girl, aged 3 years. Dysentery; temperature, 102°; much bloody discharge, considerable pain, and loss of appetite. Gave 1 tablet in 4 ounces of water and administered it as above. August 5, had no return of trouble.

Case IX. August 5. Aged 5 years. Cholera morbus. Exhibited the arsenite as in case No. 8. August 6, well, no return.

Case X. August 12. Woman, aged 60 years. Dysentery for several days, fever, pains in bowel, frequent discharges of blood and mucus, no appetite. Gave quinine, opiates, and astringents for a few days with no benefit. August 15, gave the arsenite as in No. 7. August 17, well.

Case XI. August 16. Girl, aged 3 years. Cholera infantum. Gave tablet in 4 ounces of water, as in above case. August 18, well.

Case XII. Woman, colored. Diarrhœa, with pain in bowels. One tablet of the arsenite in 6 ounces of water, as above. August 13, well.

REPORT OF THE DELEGATION TO THE CONVENTION FOR THE REVISION OF THE UNITED STATES PHARMACOPŒIA OF 1890.

THE other delegates and alternates from the Society, being unable to attend the Convention, I, as Chairman, was compelled to be the sole representative of this Association at the Convention, held in Washington from the 7th to the 10th of May last. About two hundred delegates were present. I found this great State of New Jersey without due influence in this important convention. Assuming that the United States Pharmacopœia belongs to the Convention, it appears to me this Society should be very careful of its interest. I found that the Committee of Revision of 1880 had been the only committee that had made any report of a financial balance in its possession to the Convention; that it (the committee) had given out the publishing and sale of the work to publishers of New York, who had sold the book at a high price, and an edition of the same amounting to about 17,000 copies, the profits from which were variously estimated at from $20,000 to $54,000, while the scientific gentlemen who did the real work of revision seemed to have been unpaid, and the vast sum of money, the proceeds of the work, which should have been the property of the Convention, was lost to it.

It is estimated that the work could be published at a sum which would enable it to be put upon the market, and placed in the hands of druggists and physicians at about half the price which they have had to pay, and at the same time leave in the hands of the Convention or Committee of Revision a sufficient sum to pay for all necessary expert work, and also the expenses of the Convention, including the actual expenses of each delegate. We can hardly expect men to be so enthusiastic as to go from New Jersey or from California for the purpose of doing scientific work for the benefit of the profession and the public, and at the same time pay all their own expenses; such men are soon so financially crippled as to be very limited in the amount of work they can do. I believe it would be better for this Society to pay the expenses of its delegates; to nominate them with great care, and elect them in open session for the next Convention, which meets in 1900. I find, further, that the medical profession is not sufficiently represented, either in the Convention or in the Committee of Revision. I find, further, that there is danger of the work being influenced too much by interested parties. Wholesale drug-houses, manufacturing chemists, publishing houses, and other interested parties were present, and were active in trying to influence the Convention. A motion to make dispensatory publishers pay $5000 for the use of the copyright was defeated, as was a motion to have a committee of business men appointed to attend to the financial affairs of the work. I hope that those of us who are living in 1900 will see to it that this Association is adequately represented in the great work of revising the Pharmacopœia.

Notwithstanding the foregoing criticisms, very much excellent work was done by the Convention, most of which has already been published in the journals, and I have no doubt that, so far as the scientific work and arrangement of the Pharmacopœia of 1890 are con-

cerned, it will be a great improvement upon that of 1880.

Mr. Charles Rice, of New York, deserves especial mention, as having done invaluable work.

The work is now in the hands of the Committee of Revision, which expects to have it ready for publication in about two years; meantime any suggestions from any members of this Association can be forwarded to Dr. H. C. Wood, President of the Convention, and will be considered by the Committee.

Respectfully submitted,

D. BENJAMIN, M.D.

TO THE NEW JERSEY STATE MEDICAL SOCIETY,
Camden, N. J., June 2, 1890.

ABSTRACTS.

THE PHYSIOLOGICAL ACTION OF CHLORALAMID.—At a meeting of the Biological Society of Paris, June 7, 1890, M. Quinquaud read a communication on this subject for MM. Mairet and Bose. They remark that this substance has generally been hitherto considered as a pure hypnotic without any action upon the heart. The authors, however, had satisfied themselves that the drug does exert an influence upon the heart and reduces blood-pressure. —*La Tribune Médicale*, June 12, 1890.

ELECTRICAL TREATMENT IN THE VOMITING OF PREGNANCY.—In 5 stubborn cases M. Gunther, of Montreux, has obtained most excellent results. Four of the women were primipara. The fifth had already borne 2 children, and each pregnancy had been accompanied by more or less trouble. No pathological lesion of the uterus or its annexes could be detected in any of the cases. The mode of application is simple. The anode, in the form of an insulated sponge, is applied to the neck of the womb. The cathode, a metallic disk 4 to 6 inches square, is placed over the spinal column between the eighth and twelfth dorsal vertebræ. None but a continued current of weak intensity should be employed, beginning with 2 or 3 milliampères and never exceeding 5. Each sitting lasts seven to ten minutes, and after the fourth sitting the vomiting usually vanishes; if some nausea persist the treatment may be prolonged.—*La Gazette Médicale de Montréal*, May, 1890.

ANTISEPSIS OF THE URINARY PASSAGES BY SALOL.—The difficulty, and frequently the impossibility, of thoroughly disinfecting the urethra and bladder by local means have led surgeons to seek an agent which should accomplish the same purpose in its elimination by the kidneys, acting as well upon kidneys and ureters as upon the lower passages. For this purpose M. Dreyfous has warmly recommended salol. He attributes its specific action to its being broken up in the blood into salicylic acid and carbolic acid.

Boric acid and biborate of sodium have been employed with the same object in view, but have proved inferior to salol.—*La Gazette Médicale de Montréal*, May, 1890.

A CASE OF SARCOMA OF THE TONGUE.—M. Mercier has published in the Revue Médicale de la Suisse Romande the history of a man, 36 years of age, operated upon in the cantonal hospital of Lausanne for sarcoma of the tongue. The tumor was situated upon the back of the organ and began eight years previously as a small, rose-colored bud, had enlarged very slowly until during the last month, when its growth had become more rapid. The tumor was in the form of a mushroom, with a broad pedicle. Its surface was flattened by pressure against the palate. It penetrated into the tongue to the depth of about 2.5 centimetres (nearly an inch). The tumor, from its firm consistence, could be readily distinguished from the normal tissue. Upon its surface, the papillæ of the mucous membrane were hypertrophied. General and special sensibility were abolished. After removal the tumor, which was the size of a nut, was found to be a large-celled sarcoma undergoing fatty degeneration in the centre.—Swiss letter in *Le Progrès Médical*, May 24, 1890.

COMPLETE RUPTURE OF THE ATTACHMENT OF THE UTERUS TO THE NECK OF THE VAGINA. —A case of this kind was reported to the Academy of Medicine, June 10, 1890, by M. Thévard, of Lauvigny. The patient had a contracted superior straight due to rachitis. Seven hours after the commencement of labor a very vigorous contraction occurred, after which all pain entirely ceased. Five hours later no beat of the fœtal heart could be detected. On the next day version was per-

formed. The fœtus had passed into the peritoneal cavity through a large uterine rupture. The trunk could be withdrawn but not the head, spite of decapitation and repeated application of the forceps. Laparotomy was done, and it was ascertained that the vagina was torn away from the neck of the womb round all its circumference. In the absence of antiseptics the peritoneum was not flushed. A deep and superficial suture was made of thread soaked in brandy. The patient, though not anæsthetized, made no murmur during the hour and a half that the operation lasted. There was slight fever for a few days, but recovery took place.—*Le Progrès Médical*, June 14, 1890.

Extract of Coronilla and Coronillin in Heart Disease.—The physiological action of extract of coronilla upon animals was investigated by Schlagdenhauffen and Reeb. The therapeutic effect of the drug in heart disease of the human subject was determined by Cardot. The active principle of the remedy was found in a glucoside termed coronillin. A further study of its effects upon man has been made by Spillmann and Haushalter. They ascertained that the influence of the extract began with doses of 40 to 50 centigrammes (6 to 7½ grains), and of the alkaloid with 20 to 30 centigrammes (3 to 4½ grains), the maximum dose of the former being 1.50 grammes (23 grains), and of the latter 0.60 gramme (9¼ grains). It was given in pill form, in wafers, and in solution. The drug possesses an unpleasantly bitter taste, scarcely to be disguised by syrup. The following are the conclusions reached by the experimenters: 1. These preparations are heart tonics that favorably influence certain symptoms resulting from failure of the heart's power. 2. When beneficial effects are produced they appear within a short time (twenty-four to thirty-six hours) after beginning the use of the drug, do not increase from its further administration, and rapidly disappear after its suspension (twenty-four hours after the last dose). 3. The effects consist in an increase in the volume of the pulse in diuresis, decrease of the œdema, and relief of the dyspnœa. 4. The remedy is powerless in those cases in which digitalis fails, viz., degeneration of the muscular substance of the heart. 5. It is efficacious in the cases in which digitalis also succeeds. 6. In several cases the use of coronilla was attended by unpleasant consequences, such as vomiting and diarrhœa.—*Deutsch. Med. Zeitung*, May 26, 1890.

A Case of Idiopathic Spasm of the Tongue.—Dr. Personati has published (Giornale dell'Accad. med. de Turin, March, 1890) the history of an anæmic man, 30 years of age, who has, for a year and a half, been subject to tonic spasm of the parts supplied by the hypoglossal nerve. At intervals the tongue would be thrust from the mouth. The intensity of the spasm was extraordinary. The violently projected tongue became hard, reduced in breadth, and slightly twisted upon its longitudinal axis. The patient suffered, moreover, from painful twitches in the neighborhood of the hyoid bone, yawning, ptyalism, and excessive thirst. The spasm had been for some months limited to the tongue, which always remained the organ chiefly affected, but latterly had attacked the lower facial muscles, on both sides, and the masseters. The lingual cramp occurred as often as 20 times a day. Attacks never took place during the night. Mastication and deglutition were unaffected, but speech was disturbed. Tonic remedies gave rise to little or no improvement, but a long sea-voyage produced remarkable amelioration.—*Revue de Laryngologie*, etc., June 15, 1890.

Epistaxis in the Aged.—Senile changes in the pituitary membrane, says Dr. P. Parisot (Revue med. de l'Est, Apr. 1, 1890), account for the rarity and also for the gravity of nose-bleed in old people. The author considers two classes of epistaxis, one of which is common to middle and advanced life, and due to common causes, as traumatism, tumors, foreign bodies; lesions of the liver, spleen, kidneys, lungs, or heart; dyscrasia, hæmorrhagic diathesis, etc. The second class comprises those cases in which epistaxis is the effect of causes peculiar to the aged, especially to alterations in the vascular apparatus. This second class may be divided into three varieties: 1st, Epistaxis of arterial origin, the result of rupture of an arteriole, the seat of miliary aneurisms or endo-periarteritis. In such case the hæmorrhage, if not immoderate, is salutary. Its danger lies in the condition of which it is the consequence. In the words of M. Peter, "the prognosis is grave as to the cerebral future of the individual." The second variety is the

epistaxis of venous origin. Here, varices of the mucous membrane are the source of the bleeding. The prognosis is less serious and depends upon the abundance and the frequency of the hæmorrhages. Finally, the epistaxis of capillary origin is occasioned by rupture of fatty capillary vessels, and is not dangerous. The therapeutic indications relate to the arrest of hæmorrhage in the second and third varieties, while in the first intervention should not be too prompt. In the last case, moreover, the hygienic measures appropriate to the prevention of cerebral hæmorrhage should be observed.—*Revue de Laryngologie*, etc., June 19, 1890.

Atrophic Cancer of the Tongue.—Dr. Cerne reports (La Normandie méd., Feb. 1, 1890) a case of this nature. The patient, a woman 73 years of age, was only seen just prior to death. She suffered from intense dyspnœa and dysphagia due to contraction of the isthmus of the fauces by a tumor which had invaded the right side of the velum palati. It occupied, likewise, the entire roof of the mouth, which was indurated and sclerotic and plainly exposed upon the right side, upon which a sort of excavation had resulted from destruction of the tongue. The surface of the excavation was mammellated, superficially ulcerated, devoid of vegetations or notable secretion, and scarcely bleeding upon being touched. Upon the left side was seen the remnant of the tongue, free from ulceration, straight, slightly movable, and fissured. At the angle of the jaw was a hard and pretty large ganglion. The patient stated that the disease had begun ten years previously. Autopsy showed that death resulted from purulent bronchitis.—*Revue de Laryngologie*, etc., June 15, 1890.

Rhinoscleroma.—A clinical, microscopic, and bacteriological study of this affection has been published (Archiv f. klin. Chirurgie von Langenbeck, 1889) by Dr. Wolkowitsch. After describing the disease the author treats of its geographical distribution, and reports eleven observations upon which his paper is based.

The disease may originate in the nasal fossæ, upon the palate, the pharynx, or the larynx. It is known by infiltrations of cartilaginous hardness, with the production of contracting connective tissue. The various methods of treatment heretofore employed have not been productive of marked amelioration. Nevertheless, special mention should be made of the antiparasitic method employed by Lang since 1882. This method consists in the use of salicylic acid or the salicylate of sodium by parenchymatous injection, irrigation, as an ointment, and internally. Regarding the histopathology, the author places rhinoscleroma in Virchow's group of granulation-tumors, afterward establishing the differential characters of this morbid process and those of other microphytic affections.

The disease is met with most frequently between the 14th and 30th years. A bacteriological origin, he thinks, cannot be denied. Since the term rhinoscleroma is indicative of but one of its characters, Wolkowitsch prefers the name of scleroma respiratorium.—*Revue de Laryngologie*, etc., June 15, 1890.

Laryngeal Shock (Ictus Laryngé).—Dr. Huguin (Union méd. du Nord-Est, March, 1890) relates the case of a very vigorous farmer, aged 44 years, of previous good health, slightly arthritic, free from syphilis, who, in the midst of a meal, rose suddenly from the table and then fell collapsed upon the floor. He rose directly, not realizing that he had lost consciousness, but complaining of an extraordinary sensation in the throat. There was no further difficulty at that time. M. Huguin at first supposed that the man had choked from laughing. But two months later the farmer, returning from a journey, entered his house feeling well, placed himself at his table, ate with a good appetite, when, suddenly experiencing a sudden malaise, of which he spoke to his wife, he uttered the word "apoplexy," threw himself upon a sofa, and within a few minutes was dead.

The character of this attack approaches, says the author, that of laryngeal vertigo, and an interesting point is to determine the relation which exists between the first and second attacks. Did the last stroke depend upon a previously latent cerebral condition? Was the last attack but an aggravated repetition of the first? M. Huguin propounds these questions without committing himself to an answer.—*Revue de Laryngologie*, etc., June 15, 1890.

INSANITY FROM ULCER OF THE STOMACH.—Dr. E. G. Spitzka, of New York, has a most interesting article in the June 30th number of the Medical and Surgical Reporter, and one that will bear reading until it is committed to sane medical brains. It is entitled, "Abdominal Disease and Insanity."

Looking back over a third of a century in the practice, I can see instances where the knowledge contained in the article referred to would have been a lever to my feelings at least. I have seen several cases where I was sure the real cause of the insanity lay in bilious or other digestive derangements, but which were given over to the terrible mental results, under the idea that the mental state was insanity *per se*, and no proper medical treatment directed to the primary seat of the disease. It has been my fortune to rescue a number of females from the mad-house by detecting and treating uterine disorders. But my purpose, next to calling attention to this valuable contribution, was to confirm his general position by a case which fell under my care many years ago.

A farmer about 35 years old was being carried to the insane hospital when I first saw him. After some months he recovered his mind and returned home. A few months later he was taken away again, and so for some time. He was spare, pale, and not generally well. About three years from the time I first saw him I was called to see him, and found him suffering with acute diffuse peritonitis, of which he died a couple of days later. He was complaining of the usual pains of the disease, but told me that for several years he had had various periods of distress in the region of the stomach, especially after food, and with much tenderness of tissues. Occasionally the pain would be worse, and begin to shoot out and up until it reached his head, and then he would get out of his mind and not know what he did. These were the times he was accounted crazy and sent to the hospital. After awhile, probably under the system of dieting at the hospital, he would improve and get his discharge, to come back again under similar circumstances, which he did in the course of three years at least half a dozen times.

Before I opened his body I predicted that we should not find any trouble with his brain, but that we should find peritonitis caused by a perforation of the stomach or of the bowels close to it, which perforation was the result of a chronic ulcer, which had, by sympathy with the brain, unsettled his mind. Hence, the insanity which recurred so many times was but a symptom of the real disease that had been neglected when he was sane and overshadowed by the greater symptoms of the mind when he was insane.

A perforation was found on the larger curvature of the stomach, about five inches from the pylorus, of about ¼ inch in diameter, and at the bottom of a gradually deepening ulcer about 1½ inches in diameter at the mucous surface. Though I knew the person from the time I came to be a resident of the town, I regret that I never had a chance to inquire into his case before the fatal sickness. I do not know that any physician ever saw him till he reached the hospital, when his condition was such as to baffle the most careful alienist. I think the selectmen of the town, if not at first, at least subsequently, acted on their own judgment in sending him away. So, as it appears, nothing was done in striking at the root of his condition in treating the gastric ulcer. To me the case was plain enough when I was called professionally; but just how it would have appeared to me at an earlier period, in his sane spells, I do not know; yet I am inclined to think I should have found evidence to believe that there was permanent gastric trouble, and that the temporary insanity occurred in consequence of it—a happy belief for therapeutic guidance could it have been found.—E. CHENERY, M.D., Boston, in *New England Medical Monthly*.

A CASE OF RIGHT-SIDED HEMIGLOSSITIS.—The subject of this interesting and rare affection was admitted to Dr. Longstreth's ward of the Pennsylvania Hospital, with the following history:—

I. M., aged 28; single; born in Poland; does not speak English. His history was obtained with difficulty. Five days before admission had a slight chill, with fever. He soon after noticed his tongue was slightly swollen upon the right side, which rapidly increased until the organ protruded from the mouth and interfered with deglutition and respiration.

On admission, temperature, 101⅖°; pulse, 86; respiration, 24. His lips were slightly cyanosed, his expression was anxious, and he complained of some pain on pressure. The

tip of the tongue protruded toward the affected, or right, side. The swelling was limited entirely by the median line, extending backward to the root. The organ was slightly coated, and saliva flowed constantly from the mouth. As there was no point indicating the presence of pus, and his symptoms were not markedly urgent, a mercurial purge was administered, with a wash of borax for the mouth, and his condition was carefully watched.

The swelling rapidly diminished, so much so that by the next morning he could close his mouth perfectly, and now, a week afterward, the act of swallowing is but slightly impaired and all the swelling has disappeared except for some slight induration at the root of the organ somewhat painful upon deep pressure. This is, however, rapidly subsiding, and the patient is feeling so much better that he insists upon leaving the house. To-day, ten days after his admission, his temperature is normal and his tongue clean. When protruded the tip points still slightly to the affected side.

As hemiglossitis of the right side is not a common affection, the above case seems worthy of being placed on record. It appears to be idiopathic. No history of lesion from traumatism or irritant could be obtained. The patient also denies syphilis. The case illustrates what may be the result of local measures without the use of the knife, the symptoms abating so rapidly as to make surgical interference unnecessary. Treatment consists at present of quinia, gr. ii, three times daily, the borax wash being continued three times a day.

JOSEPH LEIDY, JR., M.D.,
Resident Physician, Penna. Hospital.
—*Univ. Med. Magazine*, May, 1890.

THE IMPORTANCE OF THE PRACTICE OF WASHING OUT THE PERITONEAL CAVITY AS A MEANS OF SECURING A NATURAL DISPOSITION OF THE INTESTINES AFTER ABDOMINAL SECTION.—Malcolm, in a short but suggestive paper, again calls attention to the great danger which may result to the patient after laparotomy from simple paralysis of the bowel, though peritonitis may be entirely absent. Raw peritoneal surfaces are very apt to unite, even if they are entirely healthy. It is impossible, after a laparotomy, to arrange the coils of intestine in such a position that they will not at some time become adherent. In sponging they are very apt to be disturbed and thrown into unnatural relations. By irrigating the cavity we cause the intestines to float upward, and thus undo any twists that may be formed. Now, if the fluid is sucked out of the cavity, instead of being withdrawn with sponges, they will settle down in their natural positions just the same as when ascitic fluid is evacuated. Persistent vomiting after laparotomy seems to be beneficial rather than otherwise, since by pressure of the diaphragm and abdominal muscles the bowels are re-arranged, as it were, and made to assume their normal relations. The important point to be borne in mind is that it is not so much the fact that the intestines contract adhesions to adjacent parts, which give rise to subsequent persistent pain or obstruction, as it is that they become adherent in unnatural positions.—*American Journal of Medical Science.*

SUPERNUMERARY BREASTS.—J. H. Darey, M.D. (Montreal Med. Jour.), reports a case of two supernumerary breasts, one in each axilla. During pregnancy these breasts would enlarge considerably, and secrete milk quite freely. Both extra breasts were destitute of a nipple, the ducts opening directly into the areola. The secretion of milk in such an awkward place caused the woman much annoyance. She had discovered, however, a method of drying up the milk after the birth of the child. It was the constant application, for several days, of cloths wrung out of a hot solution of salt.—*Cincin. Med. News.*

HEREDITARY HYPOSPADIAS.—In the May number of the Revue Biologique du Nord de la France, M. P. Delplanque publishes a curious example of family proclivity to hypospadias. In the father, aged 45, the opening of the meatus is merely situated rather more to the under aspect of the penis than usual, but the deformity is well marked in three of his sons, aged respectively 11½, 9, and 8. Next in age come three daughters, all perfectly well-formed, and, lastly, a fourth son, recently born, who presents the same abnormality as his elder brothers.—*Brit. Med. Jour.*

A NEW TEST OF LIVING BIRTH IN CASES OF ALLEGED INFANTICIDE.—Zaleski (Archiv f. Kinderheilkunde, b. xi, heft 1) suggests a test of survival after birth in the determination of the relative amount of iron contained in the

blood found in the lungs. The lungs of a fœtus have only as much blood as is necessary for their nutrition; when respiration is established and the lesser circulation is initiated, the amount of blood sent to the lungs is many times larger than that previously present. Iron is a constituent of the blood whose percentage is almost unalterable, and the amount of this metal is readily determined by chemical analysis. Applying these principles, Zaleski made observations on 7 cases, of which 4 were unmistakably still-births and 3 were unquestioned living births. In the former, the amount of iron recovered from the total solids of the entire lung-tissues was .0110 per cent. when the solids were in a fresh, undried state, and .0828 after drying. In the cases of the living children who died soon after birth, the percentage was .0188 and .1182 respectively. In these same cases the hydrostatic test proved to be contradictory and uncertain; 1 case, still-born, gave a response indicating that the lungs had received air, and another, undoubtedly born alive, gave exactly the opposite response.—*Boston Med. and Surg. Jour.*

Rapid Cure of Erysipelas by Ergotine.—Dr. Geo. C. Kingsbury (Brit. Med. Jour.) says: For erysipelas, like most other painful diseases, hosts of remedies have been suggested, and ever since Hueter discovered cocci in this particular ailment all sorts of germicide applications have been tried, with and without success. The most recent favorites are carbolic acid, ichthyol, and creolin. Without wishing in the slightest to underestimate the value of these agents, I would like to call attention to what has been my invariable treatment for at least five years. In every case I have used ergotine applied with a camel-hair brush to and around the affected area, and have found it a painless, rapid, and almost certain cure; in fact, I cannot recall a single case in which it has disappointed me. It is best used in the form of a 50-per-cent. solution in distilled water, painted on frequently. Generally one or two applications suffice to diminish all feeling of tension, and it is rarely that the pain is not quite conquered in twenty-four hours, leaving the patient comparatively well. In many cases I have relied solely on the ergotine, not prescribing any internal medicine.

In writing this note I have no desire to be thought original, for I saw the treatment recommended in some medical paper of about the year 1884 or 1885, but I cannot lay my hands on it now, and fear the treatment has not had a fair trial, as I never hear of its being adopted. Neither do I pretend to explain the action of the ergotine, but the effective way in which it cuts off the excessive blood-supply to an overvascular area naturally suggests its trial in other passive congestions, and in these also I have found it very useful.

In the Year-Book of Treatment for 1890, p. 255, I find it stated that Dr. F. Nesterovsky describes 2 cases in which he has used a mixture of "extractum secalis cornuti" and glycerin with success, the temperature becoming normal in six days. This encourages me to ask for a fresh trial of ergotine, which I have found in not fewer than 30 cases to practically cure in one day.—*Jour. Am. Med. Asso.*

Pneumonia Successfully Treated with Ergot.—Dr F. Winnett, of Toronto (Canada Lancet, March, 1890), reports a case of pneumonia successfully treated with ergot, and states that he can find no mention of such treatment in the regular text-books of medicine or therapeutics. He cites an article in the Philadelphia Medical Register, 1887, recommending its use in pneumonia. In his own case he writes that the action was almost instantaneous, and adds that a drug, the physiological action of which is conceded to induce a condition diametrically opposite to that found in pneumonia, dilated arterioles, capillary stasis, and increased blood-pressure, must recommend itself in the treatment of that disease.

A Difficult Case of Turning Rendered Easy by Placing Patient in the Genu-Pectoral Position.—Edwin T. Ensor, M.D., in Br. Med. Jour.—I was called some time ago, by an experienced midwife, to see a primipara in labor at term; she saying a hand was presenting. I found not only a hand but also a foot and the head, the last being impacted in the pelvis, having forced down before it the posterior segment of the partially dilated os and cervix uteri, which it was injuriously compressing between itself and the promontory of the sacrum. The membranes had been ruptured a long while before I saw her, and the uterine contractions were nearly incessant. Patient declined chloroform, and, being on her left side, after attaching a tape to the present-

ing foot, I did what I could with the left hand in the vagina toward pushing the head above projection of sacrum, but without success. It then occurred to me that if I put her in the knee-chest position, so as to allow the womb and its contents, by virtue of their weight, to fall forward and downward, turning might be made easier. This I did, with the satisfaction of finding that I was enabled to complete the operation with the greatest ease imaginable; very slight pressure of the head, with simultaneous traction on the leg, being alone required. The child, which was of average size, was, as might have been expected, still-born.

I am not aware if this method has been suggested or practiced in similar cases before, and have not found it described in the text-books which I have at hand. I report it in the hope that it may serve others as well as it has done myself.—*Arch. of Gynæcology*, etc., June, 1890.

Lassar's Treatment of Baldness.—The treatment recommended by Lassar, of Berlin, for alopecia pityrodes and alopecia areata has been attended with some brilliant results. According to Dr. Graetzer's article in the Therapeutische Monatsschrift, but few cases resist the treatment, and after a few applications the downy sprouts may be seen. The following procedure is to be repeated daily: 1. The scalp should be lathered well with a strong tar soap for ten minutes. 2. This lather is to be removed with lukewarm water, followed by colder water in abundance; then the scalp is to be dried. 3. A solution of bichloride of mercury, 1 to 900, the menstruum being equal parts of water, glycerin, and cologne or alcohol, is to be rubbed on. 4. The scalp is then rubbed dry with a solution containing beta-naphthol, 1 part, and absolute alcohol, 200 parts. 5. The final step in the process is an anointing of the scalp with an unguent containing 2 parts of salicylic acid, 3 parts of tincture of benzoin, and 100 parts of neat's-foot oil. This treatment should be persisted in for a period of six weeks or longer. Lassar, who, by the way, is the secretary-general to the International Congress of this year, has done much to awaken the profession from the lethargic state into which it had fallen in regard to the treatment of alopecia; he is reported to have treated 1000 cases in the manner described. The attitude of physicians toward this affection of the scalp has been one of inattention and indifference. When a young man comes under notice whose baldness is conspicuous, his case has not uncommonly been the subject of some trivial remark, ascribing the causation of the trouble to excesses *in Venere et Baccho*, or of the more sarcastic vulgarism bearing upon the affected person's "early piety." These supposed causes may be wide of the mark. The parasitic theory of the causation of hair-fall, as advocated by Unna and Sehlen, has its support in those not infrequent cases where the trouble seems to be referable to the use of unclean utensils by the barber. In this class of cases Lassar's treatment will find its indications and successes more frequently than in that other—neurotic—class described by Michelson and Schütz as occurring in young persons who have a "nervous" history, or have met with a traumatism affecting the head and brain.—*N. Y. Medical Journal*, May 10, 1890.

Loss of Brain-Substance—Recovery.—D. O. Holmes, M.D., Greenback, Ark., reports the following case: Richmond Ellis, a negro, occupation laborer, age 30. This man, while in a drunken brawl, was struck on the head with a spade on the night of April 30. I was called to see the case on May 1, about sixteen hours after the accident, at which time the following conditions were noted: I found, upon examination, a gash about 3 inches in length, running at right angles to the lambdoid suture, and about 1 inch to the left of the right of the posterior fontanelle, the lower end of the wound extending to the occipital bone. The hair was matted together with dried blood. Brain-matter was oozing from the wound; in short, the cut was not in a very aseptic condition. Consequently, I was inclined to give an unfavorable prognosis. On careful examination and exploration, I found that the spade had made a clean cut through the outer table, about ⅛ of an inch wide and 3 long, which had crushed in the inner table and forced several spiculæ of bone into the brain to the depth of half an inch. There were other pieces simply pressing upon the adjacent brain-tissue, causing compression. After thoroughly washing the wound and surrounding territory with a 1 to 1000 bichloride solution and shaving the parts, I made an incision at right angles to the original wound. This was for the purpose of enabling me to remove all dirt and foreign

matter, and also to give free drainage. With the instruments contained in a Gross pocket case, I proceeded to remove all loose bone and some dirt; also raised the depressed pieces, again using the antiseptic irrigation and packing the wound with iodoform gauze, rendering it as aseptic as possible, and I left him. The patient at this time was drowsy; pupils normal. Upon my return the next day I found him more cheerful, having rested well during the night; no pain or headache; pupils normal; wound was in good condition, showing not the least tendency to inflame, which was attributable to the strict antiseptic precautions. There was still some oozing of disintegrated brain-matter. From the general appearance of the wound I was much encouraged, and hoped that I would be able to prevent the formation of pus; consequently doubled my efforts in that direction. I now determined to renew the dressing; so I again irrigated with the solution and sewed up the wound with silk, dusted with iodoform and laid over this iodoform gauze, and, as a top dressing, absorbent cotton.

Those who are acquainted with the trials of a country physician when he undertakes any surgical procedure will appreciate the gravity of my responsibility when he learns that my assistants were only ignorant negroes, and that I had to virtually administer the anæsthetic, watch the pulse, sponge, and at the same time proceed with the operation. The difficulty and almost impossibility of strictly practicing antiseptic precautions under such circumstances can readily be appreciated. At my second visit I administered a compound cathartic pill, as the patient's bowels had not moved since the accident. From this I obtained satisfactory results. The patient continued to improve, and is at this time (seventeen days after the accident) entirely out of danger, the wound having healed nicely.

The only bad results are a depressed feeling of faintness, and sometimess dizziness, with an inability to endure the bright rays of the sun reflected from a white surface. This case was quite instructive, in showing the value of antiseptic practices even after the case seemed almost hopeless. The wound in this case having been exposed to the dirt and filth of a close negro cabin in which slept half a dozen persons, with simply a dirty rag thrown loosely over the patient, I was surprised at the results obtained and congratulated myself on the success achieved under the surroundings, and which has taught me the value of antiseptic treatment of wounds and hereafter to adhere closer to the principles and practices of antisepsis, even after the wound has already become infected, in which case the best results are to be obtained by the strict adherence to such methods.—*Memphis Med. Monthly.*

Rare Complications of Measles.—Case I. *Acute Nephritis.*—Called to see male child, aged 14 months; never healthy; eruption tardy and dusky in color; child stupid and dull; fever high. Gave gelsemium; fever abated and eruption developed in next ten hours profusely. Gave usual remedies for cough. Case progressed favorably, and I ceased attendance.

On the ninth day mother noticed puffiing of eyelids and œdema of ankles, and came to consult me. I found the child's urine suppressed and such symptoms as accompany acute nephritis. The child died on the morning of the tenth day in convulsions.

Case II. *Hæmatemesis.*—Child; male, 4 years of age; healthy; rash slow in appearing and dusky in color; fever high; tongue dry and brown; lips covered with sordes; urine scanty; bowels obstinately constipated. Gave laxative, and aconite and rhus toxicodendron for fever, which subsided as the eruption developed, and the case progressed favorably, with little cough, until the fifth day, when a slight broncho-pneumonia developed.

During this day the child began vomiting coagulated blood, with mucus. This continued to such an extent that when I was summoned, four hours after, I found the child almost pulseless and apparently dying; but under hypodermics of digitalis, 1 drop, and brandy, with fluid extract of hamamelis tonic, 10 drops of each, repeated in half-hour, he rallied, though blood was occasionally vomited during remainder of day and night. Digitalis, squills, senega, and ammonium chloride were given after the nausea and vomiting had subsided under the use of small doses of ipecac.

The child made a good recovery.

The diagnosis of hæmatemesis is based on the absence of epistaxis or discoverable hæmorrhage from throat or lungs, and from the appearance of the coagulated blood, mixed with mucus, which varied in color according to the interval between the attacks of vomiting, and

also from the appearance of the alvine evacuations.—Theo. G. Davis, Bridgeton, N. J., in *Annals Gynæcol. and Pædiatry*, May, 1890.

Orexin.—Dr. Martins, of Breslau, has published the results of a large number of experiments, made with a view to determine how far the claims recently put forward on behalf of orexin as an appetite producer have a foundation in fact (Deut. med. Woch., May 15, p. 427). The compound was administered in the form of pills, each containtng 0.1 gramme of orexin hydrochlorate, made up with extract of gentian and althæa-root powder, 3 to 5 pills being given as a dose. In 20 cases the pills were administered without informing the patients as to the reason why they were given; in 5 cases the patients were told that the pills contained something that would improve the appetite, the results being checked by the use of pills containing no orexin, but made up to resemble the orexin pills; in 3 cases orexin pills and plain pills were administered comparatively without any statement to the patients; and in 7 other cases the conditions were varied in different ways. Out of the 29 cases in which orexin was administered the appetite showed some improvement in 5, but not to any considerable extent; in the other 24 cases the orexin did not seem to exercise any influence upon the appetite; whilst in 5 cases an improvement in appetite followed the administration of pills, although they contained no orexin. Dr. Martins considers, therefore, that the general results of his experiments have not afforded any distinct and indisputable evidence of the action of orexin in the direction of improving the appetite.—*Pharm. Jour. and Trans.*, May, 1890.

Hydrogen Peroxide in Diphtheria.—Dr. Elder, of Seaton, Ill., writes to the New York Medical Journal concerning a series of cases of diphtheria for which the peroxide of hydrogen was applied as a membrane solvent. Others have written in our periodicals on this subject, notably Dr. Squibb of Brooklyn, Dr. Love of St. Louis, and Dr. Major of Montreal, but Dr. Elder's results appear to have been so decisive that a description of them will pardon a little repetition. He says: "I armed an applicator with a pledget of absorbent cotton, saturated it with the peroxide in the full strength of the ordinary 'ten-volume solution,' and rubbed it over the membrane several times. The effect was magical. The membrane did not dissolve, but softened; it took on the appearance of whipped cream, let go its hold on the mucous surfaces, and was then easily removed by the applicator. It left a raw surface, showing that the membrane had been really diphtheritic in character." This treatment, in the opinion of the writer, had not the effect of preventing the reformation of the membrane, but it left a clear surface for the application of other antiseptics and prevented auto infection. No sign of blood-poisoning appeared in this series of cases. The applications were made once an hour during the four or five days, before the membrane ceased to form. Dr. Elder is not positive in regard to the strength of the solution used by him, since the bottle from which he obtained it had no label showing whether it was full strength or not, but he believes that it was the regular ten-volume solution. Dr. Love commonly diluted this solution with three times its volume of water; he particularizes the deodorant property of the drug in cases giving off an offensive discharge. Dr. Major began with a solution even weaker than that of Dr. Love, increasing it to the full strength as the treatmeut advanced; in his experience the solution removed the membrane by corroding it, so that the extruded fragments present a more or less porous or honey-combed appearance.—*Jour. American Med. Association*, May 10, 1890; *Med. Age.*

Bryonia Alba as a Hæmostatic.—According to Professor Petresco, of Bucharest, bryonia alba is a common remedy in Roumania for the arrest of hæmorrhage, and he has made a number of experiments on man and animals to determine its value (Les Nouveaux Remédes). He found that it caused marked contraction of the capillaries, and was surprised at its power in arresting hæmorrhage. His preparation was made by boiling 6 drachms of the dried root in 10 ounces of water until the decoction was reduced to 5 ounces. After filtration and the addition of sugar this amount may be given in three or four doses at intervals of half an hour.

He has also treated cases of metrorrhagia, hæmoptysis, hæmatemesis, and epistaxis, with the alcoholic extract in doses of 30 grains daily, and places the drug first in the list of hæmostatics.—*Medical News*, May 10, 1890.

THERAPEUTIC NOTES

CHRYSAROBIN IN THE TREATMENT OF HÆMORRHOIDS.

Dr. Kossobudski has used with success, in a large number of cases of hæmorrhoids, the treatment advised by Unna. In external piles the following ointment is used :—

℞ Chrysarobin, . . 16 grains.
Iodoform, . . . 6 "
Extract of belladonna, 12 "
Vaseline, . . . 6 drachms.
Mix.

A small quantity of this ointment is applied to the tumor several times a day, the parts having previously been washed with a solution of carbolic acid 1 to 50, or of creolin 1 to 100.

For internal piles a suppository is used, as follows :—

℞ Chrysarobin, . . 1½ grains.
Iodoform, . . . 1½ "
Extract of belladonna, ¼ grain.
Cacao-butter, . . 30 grains.
Mix and make it into 1 suppository.

In three or four days the pain and hæmorrhages disappear and an incomplete cure is rare at the end of the second or third month.—*La Gazette Médicale de Montréal*, May 1890 ; *Annals of Gynæcology*, etc.

SUPPOSITORIES AGAINST DYSMENORRHŒA.

℞ Extr. fl. canab. indicæ, . gr. ¼.
Extr. fl. belladonnæ, . gr. ¼.
Butyr. cacao, . . . ʒiss.—M.

This is sufficient for one suppository ; five such ones may be made. One suppository may be introduced every evening, commencing the fifth day before the menses.—*Journ. de Médecine de Paris*, February 9, 1890 ; *Annals of Gynæcology*, etc.

ENDOMETRITIS.

For subacute cases of this disease Terrier uses medicated pencils introduced into the uterus. He recommends :—

℞ Iodoformi, . . . gr. cl.
Gummi tragacanth, . . gr. viiss.
Glycerini,
Aquæ destill., . . āā q.s.
Ut fiant bacilla (pencils) no. x.

The pencils made according to this formula are said to be about the size of a stick of nitrate of silver. Resorcin or salol may be used instead of iodoform.—*Canada Lancet*, December, 1889 ; *Annals of Gynæcology*, etc.

CIMICIFUGA FOR DILATING THE OS UTERI.

Cimicifuga is one of the best remedies to cause dilatation of the os uteri during labor, as it causes contraction of the longitudinal fibres. Dose, 5 to 10 drops of the tincture in ½ glass of water.—*Archives of Gynæcology*, No. 12, 1889 ; *Annals of Gynæcology*, etc.

DISINFECTANT INJECTION IN LEUCORRHŒA (CHERON).

℞ Potassii chlorat., . . ʒiij.
Tinct. opii, . . . fʒiiss.
Aquæ picis, . . . fʒix.
Fiat sol. Two or three soupspoonfuls of this solution in a quart of hot water may be used as an injection, morning and evening, to correct the fetidity of leucorrhœic discharges which accompany some cases of endometritis, polypus, fibrous bodies, ulceration of cervix uteri, or even simple vaginitis. The injection should last five to six minutes each time.—*La Presse Médicale Belge* October 27, 1889 ; *Annals of Gynæcology*, etc.

PRURITUS OF THE VULVA (DE SINETY).

℞ Morph. chlorhydrat., . gr. vij.
Sodii borat., . . . ʒiiss.
Aquæ chloroform. saturat., fʒxv.
Fiat sol.

℞ Hydrargyr. bichlorat., . gr. iv.
Alum, ... ʒv.
Glycerin. pur., . . . fʒiij.
Aquæ destillat., . . fʒx.
Fiat sol.

S. : Compresses may be dipped into one or the other of these solutions after they have been heated, and applied for vulvar pruritus in women suffering from parenchymatous metritis. One may also use nitrate of silver by passing the stick lightly over the place of itching, or a solution, 1 to 20 parts, applied by means of a small brush.—*L'Union Médicale*, January 21, 1890 ; *Annals of Gynæcology*, etc.

FORMULA FOR METRORRHAGIA.

℞ Sec. cornut., . . . ʒiiss.
Ferri subcarbonat., . . ʒiiss.
Quininæ sulphat., . . gr. xxx.
Extr. digital., . . . gr. xv.
Ft. pil. no. c.

S. : Two pills before each meal for the uterine hæmorrhages. In certain cases one may prescribe successfully 5 to 8 gtt. of the infusion of folia digitalis. One should leave off the treatment after three or four days.—*L'Union Médicale*, 134, 1889 ; *Annals of Gynæcology*, etc.

HYPODERMIC INJECTIONS OF NITRITE OF AMYL.

Fifteen drops of amyl nitrite injected under the skin (sol. of 10 per cent.) produce equal physiological and therapeutic effects as by inhalation.—*Gazetta degli Ospedali*, ix, 84 ; *Annals of Gynæcology*, etc.

SUPPOSITORIES FOR UTERINE CANCER (M. DE SINETY).

℞ Iodoformi, . . . gr. xv.
Extr. opii, . . . gr. viij.
Essent. menthæ (or bergamottæ), . . . gtt. x.
Butyr. cacao, . . . ʒiiss.
Ft. supp. no. xii.

S.: A suppository to be introduced into the vagina in cases of cancer of the cervix uteri. In case this remedy be insufficient one may prescribe hypodermic injections of morphine in the following formula:—

℞ Morphinæ sulphat., . . gr. xvj.
Sulph. (neutr.) atropinæ, . gr. vj.
Aquæ destill., . . . ʒij.

S.: Inject six drops of this solution into the vicinity of the great trochanter to calm the pains of uterine cancer.—*L'Union Médicale*, 141, 1889; *Annals of Gynæcology*, etc.

BUTYL CHLORAL IN NEURALGIA OF PREGNANCY.

Butyl chloral has been found to have, as well as a diaphoretic, a specific action upon the trigeminus nerve, which may be anæsthetized by ⅓ grain, internally. Professor Leibreich, of Berlin, prescribes it as follows:—

℞ Butyl chloral, . . . gr. xl–lxxv.
Alcohol rect., . . . fʒiiss.
Glycerini, ... fʒv.
Aq. dest., ... fʒiv.

S.: Two to 4 spoonfuls at once.—*Wiener klin. Wochenschr.*, 48, 1889; *Annals of Gynæcology*, etc.

PHYTOLACCA DECANDRA IN MASTITIS.

Phytolacca decandra (poke-root) has long since been used by the country people for garget or caking of the udder in cows. In cases where there is caking of the breast and threatening suppuration, it may be prescribed with certainty; if fever be present, then one may combine it with aconitum or veratrum viride. The breast may be kept moist with the dilute tincture. If mammary abscess is threatened, then—

℞ Tinct. phytolaccæ decand., fʒss.
Aquæ, ... Oj.
M. fiat sol.

S.: To be used as a dressing; the water should be warm; apply a pledget of cotton saturated; inject with a syringe, if necessary, or instead one may apply pledgets saturated with the following:

℞ Tinct. phytolaccæ decand., 1 part.
Glycerini,
Aquæ, . . . āā 10 parts.

In cases of soreness of the breasts in little children, and even where suppuration is present, phytolacca is the remedy; it should be applied as the dilute tincture—one part of the tincture to four or five of water. If the case be unusually severe, then one may administer the remedy to the "wet nurse," the child being influenced through the milk.—*American Med. Journal*, 5, 1889; *Annals of Gynæcology*, etc.

RESORCIN IN VOMITING OF PREGNANCY.

Justus Andeer recommends chemically-pure resorcin against vomiting as an excellent remedy, especially in diseases of the stomach and in all varieties of vomiting, whether of peripheric or central origin, idiopathic or symptomatic. This action also does not fail in uncontrollable vomiting of hepatic, renal, and menstrual colic, and even in pernicious vomiting of pregnancy. The remedy is used in powder or solution up to gr. viii–ʒij daily. —*Centralb. für d. Med. Wissench.*, 480, 1889; *Annals of Gynæcology*, etc.

MENTHOL IN UNCONTROLLABLE VOMITING OF PREGNANCY.

Gottschalk, in a case of uncontrollable vomiting where cocaine failed, used menthol with excellent results. He used the following mixture:

℞ Menthol, ... gr. xv.
Spirit. vin., . . . fʒv.
Aq. destill., . . . fʒv.

S.: A spoonful hourly. The vomiting ceased already after the third spoonful. If the solution begins to become turbid, then add some cognac to it.—*Wiener klin. Wochenschr.*, 48, 1889; *Annals of Gynæcology*, etc.

HOW TO ABORT A COLD.

G. M. Garland, M.D., of Boston, reports his experience with a remedy for cold, which appears to be free from all objectionable features. Tincture of euphrasia officinalis does not disturb the digestion; it is pleasant to the taste, and when administered in 10-drop doses every two hours aborts or greatly shortens and ameliorates any attack of cold in the head which has not yet gone on to the mucopurulent stage. The medicine may be given to children, in smaller doses. It should always be largely diluted with water.

CORNUTINE IN OBSTETRICS AND GYNÆCOLOGY.

The preparations of ergot are well known to be quite unreliable; cornutine seems to act the best and most certainly. Erhard and Cewitzki administer it in doses of gr. $\frac{1}{12}$ to $\frac{1}{6}$, in pill form per os in weak pains during labor and in hæmorrhages after abortion. Thomsen has

used the remedy in a series of cases and come to the following conclusions:—

1. The use of cornutine during labor for insufficient pains is not to be recommended.

2. The remedy is extremely useful in atonic hæmorrhage after labor, and also after abortion, and hence, perhaps, it would be advisable to use the remedy immediately before any extractive obstetric operation.

3. The remedy acts very promptly in metro- and menorrhagia dependent on endometritis, metritis, and diseases of the uterine adnexa.

℞ Cornutini, ... gr. j.
Aq. destill., . . . fʒiiss.
M. f. sol. ope. acid. hydrochlor. gtt. iv. D. Put up in opaque bottle.
S.: A syringeful subcutaneously into the abdomen or thigh.

℞ Cornutini, ... gr. iss.
Argillæ, ... gr. xlv.
Fiant ope. aquæ et glycerini ana q. pil. no. xx, D. ad vitr.
S.: Two or 3 pills at once.—*Correspondenzblatt f. Sch. Artze.*, 7, 1889; *Deutsche med. Ztg.*, December 5, 1889; *Annals of Gynæcology*, etc.

CHLOASMATA AND SKIN PIGMENTATIONS OF PREGNANCY.

Monner recommends:—

℞ Hydrargyr. præcip. alb., . gr. iss.
Zinc. oxydat., . . . gr. iij.
Butyr. cacao,
Ol. ricin., . . . āā ʒiss.
Aq. rosæ, ... q.s.
S.: The pigment spots should be rubbed well with this preparation twice daily, morning and evening, after the skin has been well washed off with soap.—*Revue de Clin. et de Thérap.*, October, 1889; *Annals of Gynæcology*, etc.

ERGOTININE IN UTERINE HÆMORRHAGES AND THOSE FROM FIBROIDS.

Barone makes a comparison between ergotinine and other remedies with a similar action, and concludes that this remedy has an immediate action, is certain, does not cause pains, no induration at the point of injection or of any other inconveniences attributed to ergotinine or tinctura secale cornuti.

He says it controls post-partum hæmorrhage, acting specifically upon the pregnant uterus, arousing its contractility, aiding involution, and favoring the physiological progression of the puerperium. If injected into uterine fibroids it causes them to disappear, also arresting that dangerous symptom—hæmorrhage.—*Gaz. degli Ospedali*, ix, 84; *Annals of Gynæcology*, etc.

In the Centralblatt für Chirurgie, September 7th, Dr. Th. Gessler gives a report of 221 cases of angeioma occurring in the Tübingen clinic. Speaking of the various methods of treatment employed, Gessler records 60 cases treated by excision, 73 by ignipuncture, and the remainder either by the galvano-puncture, ligation of their nourishing arteries, or injection of the chloride-of-iron solution. In 10 of the most severe cases electrolysis was resorted to, and in 9 of these it proved to be successful.—*N. Y. Med. Journal*, May 10, 1890.

AN INJECTION AGAINST LEUCORRHŒA AND BLENORRHŒA IN WOMEN (LUTAUD).

℞ Creolin, ... gtt. xxx.
Extr. fluid. hydr. canad., . fʒiiss.
S.: Two teaspoonfuls in a pint of warm water to be used at one injection.

As a urethral injection the following formula is used:—

℞ Extr. fluid. hydrast. canad., gtt. xxx.
Creolin, ... gtt. x.
Aquæ, ... fʒviij.
S.: Use pure as a urethral injection.—*Journ. de Médecine de Paris*, 1889, No. 48; *Annals of Gynæcology*, etc.

IODOFORM IN CYSTITIS.

M. L. Frey, M.D. (in Wiener Medin. Presse), recommends the following:—

℞ Iodoform., ... ʒxij.
Glycerinæ, ... ʒx.
Tragacanth, ... gr. xx.
Aquæ destillat., . . . ʒiiss.
M. ft. emulsio.

Wash out the bladder well with tepid water till it comes back clear. Then inject half a pint of warm water, in which has been dissolved a tablespoonful of the above emulsion. This injection should be repeated every three days. Usually four injections are sufficient to cure.—*Archives of Gynæcology.*

SALICYLATE OF SODA IN PRURITUS.

Wertheimer (Schmidt's Jarbuch) claims success in the treatment of general pruritus by moderate doses of sodium salicylate. He gives three times a day 3 fluidounces of a 3-per-cent. solution. In 3 cases which have lately come under his observation, the salicylate caused the prompt disappearance of the intolerable itching.

Pruritus senilis is one of the most distressing and intractable of cutaneous diseases, and anything which promises to be a remedy in this affection will be welcomed by physicians.

ARISTOL (DI-THYMOLIODIDE).

The Chemist and Druggist presents some formulæ for the administration of this substance now coming into use in Germany as an iodoform substitute:—

1. Aristol, ... 1
   Flexible collodion, . . 9

Dissolve. Dispense in dark-colored bottle. Used for painting on the skin.

2. Aristol, ... 10
   Olive-oil, ... 20
   Lanolin, . . q. s. ad 100

Dissolve the aristol in the oil and mix with the lanolin.

Bougies are made with cocoa-butter, each containing from 2 to 8 grains of aristol. Pessaries, 6 to 15 grains, are made with the same base.

MENTHOL IN THE VOMITING OF PREGNANCY.

L. Weiss (Therapeutische Monatshefte) says the following has proved very efficacious in his hands:—

℞ Menthol, ... ʒj.
  Alcohol, ... ʒiiss.
  Simple syrup, . . q. s. ad ʒviij.

Mix. Dose, a teaspoonful every hour until relieved.—*National Druggist*, May 1, 1890.

FOR IRRITABLE BLADDER.

℞ Citrate potas., . . . ʒiv.
  Fl. ext. triticum repens,
  Tr. hyoscyamus, . . āā ʒj.
  Fl. ext. buchu, . . . ʒss.
  Aquæ pura, . . q. s. ad ʒiij.

M. Sig.: Teaspoonful in wineglassful of water three or four times a day.

FOR INFLAMMATION OF THE BLADDER.

I give, in addition to the above:—

℞ Tr. muriate iron,
  Fl. ext. ergot, . . āā ʒj.
  Tr. cantharid., . . . ʒij.
  Aquæ pura, . . q. s. ad ʒiij.

M. Sig.: Teaspoonful in wineglassful of water three times a day.—E. L. TUNSTALL, M.D., in *Med. Summary*.

In inflammatory conditions of the bladder, with painful micturition, the following has always given prompt relief in my hands:—

℞ Citrate pot., ... ʒiij.
  Fl. ext. hyoscyamus, . . ʒj.
  " " corn-silk, . . . ʒiv.
  Colorless hydrastis, . . ʒij.
  Aquæ, . . . q. s. ad ʒj.

M. Sig.: One teaspoonful every three to five hours.—L. C. LAYCOCK, M.D., in *Med. Summary*.

FOR CHAPPED HANDS.

A writer in the Provincial Medical Journal suggests the following as an excellent application:—

℞ Menthol, ... gr. xv.
  Salol,
  Olive-oil, . . . āā gr. xxx.
  Lanolin, ... ʒiss.—M.

IN GONORRHŒA.

Jullien (Revue de Thérap., March 15th, in Med. News, April 5th), recommends the following injection:—

℞ Liquid vaseline, . . . p. 140
  Bismuth subnitrate, . . p. 10
  Resorcin, ... p. 3
  Iodol, ... p. 1.—M.

—*Coll. and Clin. Record*, June, 1890.

APPROVED FORMULÆ FOR USING SOZOIODOL.

The following approved formulæ of sozoiodol preparations have been compiled by Messrs. Lehn & Fink, and are recommended as bearing the authoritative indorsement of actual use by leading European clinicians. The quantities printed below can often be advantageously increased, and for guidance in making such changes the following list of maximum doses is furnished:—

Sozoiodol potassium,	5 : 100	for inhalations, gargles, etc., 1 : 100 to 5 : 100
Sozoiodol sodium,	5 : 100	
Sozoiodol zinc,	1 : 100 to 15 : 100	
Sozoiodol mercury,	½ : 100 to 5 or 10 : 100	

(The latter dose will have a slight caustic action, but this may often be desirable.)

For fresh and suppurating wounds and burns:

℞ Potassii sozoiodol, . . . 3.0
  Lanolini, ... 30.0

M. f. ungt. S.: Use as a salve.

For cuts, accidental or by operation:

℞ Potassii sozoiodol, . . . 5.0
  Talc. venet., ... 20.0

M. f. p. S.: Use as a dry dressing.

For dry eczema:

℞ Sodii sozoiodol, ... 2.0
  Talc. venet., ... 20.0

S.: Use in powder form.

For eczema with exudation:

℞ Zinc. sozoiodol, ... 2.0
  Talc. venet., ... 20.0

S.: Use in powder form.

For skin eruptions:

℞ Hydrarg. sozoiodol, ... 0.5
Lanolini, ... 25.0
S.: Use externally.

For pharyngitis:

℞ Zinc. sozoiodol, ... 5.0
Aq. destillat., ... 100.0
S.: Apply every two hours with camel-hair brush.

For chronic rhinitis, pharyngitis, and stomatitis:

(*a*) *Profuse secretion.*

℞ Potassii sozoiodol, ... 10.0
Talcum, ... 10.0

(*b*) *To increase secretion.*

℞ Zinc. sozoiodol, . . . 2.0 to 3.0
Talc. venet., ... 20.0
S.: Use by insufflation.

For nasal douches:

℞ Zinc. sozoiodol, ... 5.0
Aq. destillat., ... 100.0
S.: Douche.

For ozæna:

℞ Hydrarg. sozoiodol, . . 1.0 to 2.0
Talc. venet., ... 20.0
S.: Externally, by insufflation.

For laryngeal and nasal syphilis:

℞ Hydrarg. sozoiodol, ... 5.0
Sacch. lactis, ... 12.0
S.: Use by insufflation.

For dry pharyngitis:

℞ Sodii sozoiodol, ... 5.0
Aq. destillat., ... 500.0
S.: Use as a gargle every two hours; or dilute 50 per cent. and use by inhalation.

For inflammation of the ears:

℞ Zinc. sozoiodol, ... 2.0
Aq. destillat., ... 100.0
Glycerini, ... 5.0
S.: Use externally.

For inflammation of the eyes, conjunctivitis, etc.:

(*a*) ℞ Sodii sozoiodol, ... 5.0
Aq. destillat., ... 100.0
S.: To be dropped into the ear.

(*b*) ℞ Zinc. sozoiodol, ... 2.0
Aq. rosar., ... 100.0
S.: To be dropped into the ear.

For gonorrhœa:

(*a*) ℞ Zinc. sozoiodol, ... 1.5
Aq. destillat., ... 100.0
Tinct. opii spl., . . gtt. 20

(*b*) ℞ Sodii sozoiodol, ... 5 0
Aq. destillat., ... 100.0
S.: For injection three times daily.

For vaginitis:

℞ Sodii sozoiodol, ... 10.0
Lanolini, ... 100.0
M. f. ungt. S.: Use as a salve.

For cervical catarrh:

℞ Sodii sozoiodol, ... 10.0
Talc. venet., ... 20.0
S.: Use externally.

For endometritis:

℞ Zinc. sozoiodol, ... 3.5
Aq. destillat., ... 40.0
Glycerini, ... 10.0
S.: Use externally.

For gastric disturbances:

℞ Sodii sozoiodol, ... 6.0
Aq. menth. pip., ... 120.0
Syrup. aurant., ... 20.0
M. S.: A tablespoonful three times daily.

For articular rheumatism:

℞ Lithii sozoiodol, . . . 0.5 to 1.0
Sacch. lactis, ... 1.0
Dent. tal. dos. xx. S.: Take a powder three times daily.

For excoriation in children, tender and profusely perspiring feet:

(*a*) ℞ Potass. sozoiodol, ... 2.0
Lanolini, ... 20.0
S.: Use as a salve.

(*b*) ℞ Potass. sozoiodol, ... 5.0
Talc. venet., ... 50.0
S.: Use in powder form.

For sore nipples:

℞ Potass. sozoiodol, ... 2.0
Lanolini, ... 20.0
S.: For anointing.

For carcinoma:

℞ Sodii sozoiodol, ... 1.0
D. dos. tal. xx. S.: Take a powder two or three times daily in claret or red wine.

For diabetes mellitus:

℞ Sodii sozoiodol, ... 1.0
D. dos. tal. xx. S.: Take 2 powders daily, reducing to 1 later.

For frost-bites, and freezing generally:

(*a*) ℞ Zinc. sozoiodol, ... 5.0
Blancolini, ... 50.0

(*b*) ℞ Zinc. sozoiodol, ... 4.0
Ungt. lenientis, ... 50.0
S.: To be laid or spread on affected parts.

Hair tonic for scalp diseases:

℞ Sodii sozoiodol, ... 2.0
Aq. destillat., ... 300.0
Spir. coloniens, ... 20.0
S.: Use as a wash for the hair and scalp.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, Aug., 1890.

STATE MEDICINE.

IN private life the office of the physician is to subdue or mitigate illness, as far as possible, so that his patients may be able to devote themselves to their work or pleasures. To this end, in addition to his combat with actually-developed disease, his advice is freely tendered respecting personal hygiene —habits of diet, of dress, occupation, exposure, etc.

Toward the aggregated people, as massed into States, the medical profession, as a body, occupies a correlative position. It is our duty, as a class, to indicate to the governing powers the best-devised means of protecting the citizens of the republic against preventible bodily ills. Medicine is, consequently, to a far greater extent than is officially or popularly recognized, of economic importance to the government. However costly be its work, surely Public Hygiene saves more to the State than is actually expended. Countless lives are preserved, the waste of disease minimized, and material production or exchange in a relative ratio is increased. This point, capable of much elaboration, should be constantly brought to the attention of legislators. Scarcely anything can be more important to the community than the preservation of its present and future effective force. The commander is idolized who in time of war gains a glorious victory at the sacrifice of comparatively few men. Peace hath its victories no less than war, we are told, and this work of State Medicine, under whatsoever name it be carried on, is surely one of the chiefest.

This country of ours, so vast in domain, with so many diversities of climate, such an extensive coast-line, such a mobile population, flooded constantly by a stream of immigration from all parts of the Old World, peculiarly exposed to the importation of virulent infections, stands in special need of public prophylaxis. It is gratifying, therefore, to know that of late years earnest study and strenuous effort have been devoted to the solution of problems relating to public health. A number of able papers upon sanitation were presented to the recent meeting of the American Medical Association, at Nashville.

This was the theme of the Presidential Address, by Dr. E. M. Moore.* The establishment of quarantine-camps, in which those fleeing from a yellow-fever epidemic should be detained and disinfected during the incubation period, is justly praised as a new, important, and effective measure in arresting the spread of pestilence. When a case of fever appeared among the detained, it was at once removed to the improvised hospital. It was found in the end that no place became infected by those who were detained in the camp. Again, the combat with animal diseases, though often hampered by popular misconception and commercial greed, has achieved marvelous results. The shortsightedness of resistance to supervision cannot be more strikingly shown than by the fact of the enormous decline in the exportation of cattle. Many thousand post-mortem examinations of diseased animals have been made and the causative micro-organisms have been attentively studied, thus contributing memorably to the advance of Comparative Medicine and obviating the danger of transference of disease from animals to men. The construction of vessels in which imported cargoes may be disinfected is another admirable device for the prevention of disease. The sanitation of railway-cars, the condemnation of adulterated food, the drainage of swamps, are other subjects which invite the attention of State Medicine.

Much of this work has been performed by the United States Marine Hospital Service, under the enlightened and progressive administration of its accomplished head. As Chairman of the Section on State Medicine, Dr. Hamilton related to his *confrères* assembled at Nashville a history of the operations of his

* The Progress of National Sanitation in the United States. By E. M. Moore, M.D., Journal of the American Medical Association; The Sanitarian, June, 1890.

Service during the past year.* The Bureau has increased the facilities at the different quarantines for treatment of vessels, has published a weekly abstract of sanitary reports, and has developed the opportunities for laboratory work. There are two laboratories now connected with the Service. One, amply provided with appliances for bacteriological work, is at present located in New York, though it is desired that this institution shall be removed to Washington at no distant day and be placed in a suitable building. The other laboratory has been established at the Key West Quarantine Station, and is particularly designed for the study of the etiology of yellow fever. Among other researches which have been pursued in the New York laboratory are careful investigations of cases of malarial and enteric fever, for the purpose of establishing the presence of plasmodium malaria in the blood, and of the bacillus of Eberth in the spleen or intestinal canal. A valuable observation now in progress relates to the therapeutical effect of cobra poison. It has been stated by Mr. Peroux, of Calcutta, that the natives of India are in the habit of treating cholera in its commencement with minute doses of cobra poison, and that the treatment seemed to be pretty generally successful. The experiments are under the conduct of Dr. Kinyoun, and, although as yet incomplete, he has ascertained that the poison, in very minute quantity, is a germicide of extremely high power and fatal to the development of cholera germs.

The President's signature of the Inter-State Quarantine Act on March 28, 1890, gives authority for the exercise of governmental control whenever any extraordinary emergency shall require it. Cholera, yellow fever, smallpox, or plague, existent in any State or Territory and in danger of spreading to other State or Territory, shall be dealt with according to regulations formed by the Supervising Surgeon-General. When these regulations are approved by the Secretary of the Treasury and the President, they are binding upon the general public, and specifically upon officers of the government, common carriers' agents, officers, and employés. A severe penalty is prescribed for violation of the regulations so framed. No opportunity has as yet occurred for carrying into effect the provisions of this Act. The inspection of immigrants landing upon our shores has been taken under the control of the General Government instead of, as heretofore, being under the supervision of the State authorities.

The importation of lepers, or their transfer from State to State, is now subject to regulation, provided the State Boards of Health co-operate. The government may certainly forbid the introduction of so loathsome a malady. But, once admitted, it would be difficult, almost impossible, to restrict transportation of a leper from one State to another without co-operation of the State Boards concerned. One leper has been intercepted during the current year by the Boston Quarantine authorities.

An excellent address on State Medicine, conceived in a spirit of temperate criticism, by Dr. Alfred M. Carroll, was read by title and may be consulted in the journal of the Association.*

"Government Aids to Public Health," is the title of a paper by Walter Wyman, A.M., M.D., Surgeon in the Marine Hospital Service.† The writer cites the establishment of the National Quarantine Service at an expense of more than half a million dollars; the annual appropriations of $50,000 to $80,000 for the maintenance of the quarantine stations; the present epidemic fund to be used in case of emergency, amounting to about $100,000; and also the fund for the relief of yellow-fever sufferers, which is, in a sense, an aid to public health. Dr. Wyman speaks particularly of the Service to which he belongs, with its yearly treatment of 50,000 sailors in all parts of the country. The physical condition of the sailor has of late years very materially improved. He dwells upon the fact that the situation of the United States is such that we have been obliged, in sanitary matters, to work out our own salvation. Our domestic and foreign sani-

* Address of the Charman of the Section on State Medicine. By John B. Hamilton, M.D., LL.D., Supervising Surgeon-General of the Marine Hospital Service of the United States. Reprinted from the Journal of the American Medical Association, May 31, 1890.

* Journal American Medical Association; The Sanitarian June, 1890.

† Journal American Medical Association, July 5, 1890.

tary policy must be of native development, since the conditions present in this country differ so widely from those found in other lands. Within the last ten years 5,500,000 immigrants have entered the United States. These people bring, or may bring, diseases prevalent in their native countries to our shores. No pestilence has originated within our own domain, but we need to be constantly on the alert against the invasion of yellow fever, cholera, and the plague.

If "eternal vigilance is the price of liberty" it is no less the price of public health.

EXPERIMENTAL MEDICINE.

IT is astonishing that in this era of progress and enlightenment, of unparalleled activity in the study of natural processes, men should still be found willing to depreciate the value of investigations carried on in the laboratory. The field of medicine is certainly vast, and the work of most physicians is necessarily and properly devoted to the observation of the course and symptoms of disease and the use of means of relief—in other words, to clinical medicine. There has been no lack of acute observers in past ages. Sydenham, to name no other, may well serve as a model of superiority. The facts perceived and recorded by such men are as true to-day as ever; yet these facts, transmitted from generation to generation, have, in many instances, only in our own times been rationally interpreted by science. Within the life of the present generation the mode of medical and surgical practice has been radically changed, and to what is this complete revolution due? To laboratory work.

Shall the right hand be jealous of the left? Shall the practitioner fling a sneer at the man of test-tubes, retorts, cultures, and manometers? Sooner or later, is not the purely scientific work of the laboratory incorporated in general practice? Not all experiments are immediately conclusive; not every deduction proves sound; theories not infrequently conflict, yet advance is surely made, and the scientific basis of medicine is becoming fixed. An irresistible drift toward certain conclusions and theories may be clearly discerned by whomsoever attentively considers the discoveries of the last few decades.

The study of pathogenetic microphytes is difficult, complicated, and demands a special *technique*. Yet what important results have been obtained in this new department of knowledge! If a characteristic micro-organism be constantly found in the blood, secretions or products of a certain disease; if that micro-organism be cultivated in sterilized media external to the body, and not only so, but if this process be carried through several generations; and if, finally, inoculation of an animal with microbes descended from but not identical with the original organisms should induce the symptoms, the course, and the lesions of the original disease, who shall question the conclusion that these germs are certainly causative of the disease? If the bacilli productive of many infectious disorders have been actually discovered, cultivated, and demonstrated, is it not rational to infer that those of other diseases of the same class will hereafter be detected? The view now gains ground that the pernicious influence of micro-organisms is due to the specific chemical poisons—toxines—which they engender and throw into the circulation. The question next arises, How shall we neutralize these poisons or protect the tissues and system against their activity? It has already been found that many toxic substances engendered within the economy are normally rendered harmless by chemical combinations into which they enter. The prophylactic influence of vaccination against small-pox, long an isolated phenomenon, has suggested the idea that a similar method might prove protective in other infections. This is the course of experiment upon which much effort has of late centred.

The brilliant success of vaccination justifies the anticipation that the principle will eventually prove successful in other diseases.

Analogical reasoning forces upon us the belief that hydrophobia, a disease marked by such appalling symptoms, is of infectious origin. It is true that its specific microbe has not yet been isolated, but that fact invalidates the argument not at all. It is precisely in this malignant affection that "vaccine" experiments have been conducted upon the widest scale by M. Pasteur. To the genius of this scientist the world is

forever indebted for the knowledge of the nature of fermentation, putrefaction, and infection.

For these and other reasons the remarks of Dr. Dulles, of this city, at the late meeting of the Pennsylvania State Medical Society, upon what he is pleased to call "Pasteurism," seem singularly inappropriate. Dr. Dulles has for some years been in the habit of collating the literature of hydrophobia, and would appear to fancy the subject so peculiarly his own as to resent the intrusion of M. Pasteur upon his domain. Be this as it may, he objects to the methods of the eminent Frenchman, and fears that the foundation of Pasteur institutes will frighten multitudes into fatal spurious hydrophobia. It cannot be, however, that stolid peasants or little children will imagine that they have been bitten by rabid animals. Fright, we may admit, is capable of exerting a powerfully depressant influence. But that it is capable of so exactly counterfeiting the symptoms of a dread disease as to deceive the most experienced observers, or that it is responsible for a large number of deaths may well be doubted. It is surely more reasonable to be skeptical as regards epidemics of pseudo hydrophobia than as regards the dangers of "Pasteurism." Again, it were fallacious to ascribe the fatal result to fright in every case in which the human being perishes, but the animal survives, since it is known that rabies is not invariably fatal in the lower animals, and that it is less virulent in some species than in others. When we contemplate the immense reduction of deaths from hydrophobia in the Russian Empire as a consequence of Pasteur's method, it is impossible to resist the conviction that vaccination with attenuated virus is really protective against an outbreak of the disease.

The arguments in favor of prophylactic vaccination were powerfully maintained before the Society by Professor E. Laplace, of Philadelphia, who has had the advantage of thoroughly familiarizing himself with the subject under Pasteur in Paris.

A RABID dog in England bit four persons. Three were treated by Pasteur and remain well; the fourth was treated by a constable who had a "remedy," and died of rabies.—*Times and Register.*

CORRESPONDENCE.

PATHOLOGICAL EFFECTS OF ALCOHOL.

EDITOR MEDICAL BULLETIN:—

Dear Sir: Permit me to ask, through the columns of your valuable journal, if Dr. T. L. Wright, of Bellefontaine, Ohio, who has endeavored to explain the physiological effects of the toxic action of alcohol upon the mind of man, will, I pray, go a little farther and explain, through the same medium, for the benefit of his readers and the writer in particular, the toxic action of alcohol upon, and the pathological change that takes place in, the blood,—liquor sanguinis, red and white corpuscles and salts,—nerve-centres and digestion, which must account for the phenomena he so ably sets forth in his article on this subject, published in vol. xii, No. 4, of March, 1890.

Respectfully, etc.,

S. LESLIE WEST,
Washington, D. C.

A PLEA FOR PRACTICAL TEXT-BOOKS.

EDITOR MEDICAL BULLETIN:—

It has occurred to me, and I believe it is the opinion of most of my class who commenced practice in the country, that the text-books written at the present day are beginning more and more to recommend a style of treatment applicable to city practice alone, and the country doctor (unless he have the good fortune to possess a few of the old-style books) is, in a great many instances, at a loss to know how to adapt himself to the circumstances of the case. He reads pages upon pages of treatment thoroughly impracticable in the country, and finally becomes disgusted, and falls back to some old book of his predecessors for a simpler, though less scientific, form of treatment, and I do believe the results are just as good.

I write this with the hope that some one of our present authors may appreciate the wants of a country doctor, and make his treatment applicable to country as well as city practice.

Yours respectfully,

T. O. HUTSON, M.D.,
Coosaw, S. C.

AT the meeting of the Trustees of the University of Pennsylvania held April 1st, Dr. Hobart A. Hare was elected Clinical Professor of Diseases of Children, thus filling the vacancy created by the resignation of Dr. Louis Starr.

MEDICAL NEWS AND MISCELLANY.

FEMALE PRACTITIONERS in Russia are forbidden to attend male adults.

KLEPTOMANIA is rated to be, by all odds, the most lucrative form of insanity.—*Harvard Lampoon.*

DR. CHARLES CHASSAIGNAC has been elected to the presidency of the New Orleans Medical Society, to succeed the late Dr. John P. Davidson.

THERE is a young woman in Maine who, on being asked where she was born, replied that she wasn't born anywhere in particular, as she was the daughter of a Methodist minister.

She—"If capital punishment must be, I certainly favor electricity."

He—"Oh! that is to say, you prefer currents to raisin's."

WE should say that Dr. John S. Billings, "Surgeon, U.S.A., in charge of Vital Statistics and Statistics of Special Classes," was as crazy as a loon.—*Exchange.*

AN eating-house keeper has been fined $10 for chalking his sidewalk. This ought to be a lesson to restorators to put their chalk in the milk, where it belongs.—*Boston Transcript.*

(*Very seasick passenger, feebly*)—"Oh, doctor, I'm afraid it's all up with me."

Doctor—"Bosh! Nothing up but your breakfast."—*Burlington Free Press.*

Nurse (to young husband)—"A beautiful 10-pound baby, sir."

Young Husband (getting things mixed in his excitement)—"Glorious! Am I a father or a mother?"

"WOULD any shock, at this stage of my trouble, cause a relapse, doctor?" inquired the patient.

"Yes, and a serious one."

"Please, then, doctor, to remember that important fact in making out your bill."

EXTRACT from a student's letter to his father, written after a visit to a pawnbroker's:—

"Dear Father: I am glad to be able to say that at present I fairly live on education. My books, so to speak, are meat and drink to me."

POISONING BY "PISO'S" CONSUMPTION CURE.—Two cases of such poisoning are reported in the Omaha Clinic,—one in a child, the other in an adult. Both showed that the poisonous element was opium. Neither proved fatal.

A WRONG DIAGNOSIS.—"You are evidently worried over business matters," diagnosed a young physician. "What you need is peace of mind." "My dear sir," replied the patient, "I get a piece of mind every day."—*Epoch.*

WHEN man his glass of bitters takes
Next morning, why he says it makes
Him feel like another human;
And in her turn, the dressy lass,
'Twixt powder, paint, and morning glass,
Becomes another woman.

A DEATH FROM CHLORODYNE.—A death has taken place at Tunbridge Wells, England, following the use of chlorodyne. The coroner's jury returned a verdict of death by "misadventure," at the same time recommending that the sale of such powerful patent medicines be "restricted."

IN his work on "Spinal Concussion," just out of the press, S. V. Clevenger, M.D., says, page 252: "There are many excellent stationary batteries with appurtenances, but, for neurological purposes, I know of nothing that surpasses Barrett's sealed chloride of silver cells."—*The Clinical Reporter.*

PROFESSOR N. SENN, of Rush Medical College, has been invited by Prof. von Bergmann to read a paper upon the diagnosis and treatment of wounds of the intestines before the surgical section of the International Medical Congress at Berlin. It will doubtless be one of the most interesting essays presented to that body.

Corker—"My fortune's made, old boy. I've discovered a sure cure for rheumatism in tea-leaves."

Wentman (dubiously)—"I see. But how are you going to tell when they've got the rheumatism?"

Corker—"They? Who?"

Wentman—"Why, the tea-leaves!"

NOTHING SHARP TO CUT WITH.—*Young Father*—"Blamed if I know what's the matter with the baby, doc., but she cries all the time."

Doctor—"Perhaps she has been cutting her teeth."

Young Father—"I don't believe it, doc.; she ain't had a knife or anything sharp to play with since she was born."—*Judge.*

THE recent special course in Abdominal and Pelvic Surgery, by Drs. Senn, Fenger, Parks, and Belfield, at the Chicago Policlinic, seems to have met with general commendation among the physicians—127 in number—who attended. At a meeting of the class, held at the completion of

the course, commendatory resolutions were unanimously adopted.

Doctor—"You must take a teaspoonful of this medicine three times a day regularly, taking a dose before each meal until you feel better."

Journalist—"But, my dear doctor, I can't possibly follow your directions."

Doctor—"Why not?"

Journalist—"Because I don't get but one meal every two days."—*Texas Siftings.*

She Took No Stock in It.—*Omaha Paterfamilias*—"It is remarkable what a large number of doctors claim that diseases are transferred by kissing, and—"

Miss Ethel—"What kind of doctors, pa?"

O. P.—"Why, the allopathic doctors."

M. E.—"But, pa, you know we're homœopaths."—*Omaha World.*

Dr. Jules Rouvier, Professor in the French Faculty of Medicine at Beyrouth, Syria, has announced the publication of a new journal. Beginning with April 1, 1890, it is to be issued quarterly, and is entitled The International Review of Medical, Pharmaceutical, and Veterinary Bibliography. It is to contain classified lists, as complete as possible, of all scientific works in these departments published during the preceding quarter in France and other countries.

Miss Charity Grace—"Good-morning, Mrs. Callahan. I dropped in to let you know that I heard that Phelim was convalescent. I am so——"

Mrs. Callahan—"Indade, mem, an' fhoo towld yez?"

Miss Charity Grace—"Tommy Casey."

Mrs. Callahan—"Arrah! now, that's anither av Tommy Casey's loies, bad 'cess to him. Dade, mem, Phelim is no sich t'ing. He's mooch better, an' is gittin' on foinely, praise be to hivin!"—*Light.*

Adulteration of Lard.—A strange way of adulterating lard was observed at the laboratory of Dr. Van Hamel Roos, says the *Zeitsch. f. Nahrungsm.* A sample of lard from Belgium was found to contain 45.58 per cent. of water. As it is impossible to mix fat and water in this proportion by any ordinary method, the author had resorted to saponification, and by the addition of small amounts of alkalies was enabled to add water in this large proportion.—*Weekly Med. Review.*

Kola-Nut in Sea-Sickness.—Surgeon C. U. Hamilton, R.N., states that in some cases of mal de mer he found that chewing 30 to 60 grains of kola-seed led to the complete cessation of the sickness in about forty minutes; the depression and giddiness disappeared and the heart's action was regulated and improved. He remarks, however, that it seems reliable only when freshly procured, and suggests that pharmaceutical chemists should prepare a neater, more portable, and efficient preparation than the fresh seed.—*British Medical Journal*, May 10, p. 1067.

Important to Druggists.—A New York druggist, who spent the winter in a Texas town for his health, was asked by the genial clerk of the hotel:—

"Stranger, what might your business be?"

"I am a pharmacist."

"A what did you say?"

"A pharmacist."

"Oh, yes, a pharmacist. Well, you can buy as good farming lands in this neighborhood as you can find in Texas. You have struck the right locality, stranger, if you want to farm. I'll take you out this afternoon in my buggy anp show you one I've got to sell."—*Texas Siftings.*

A Dire Disease and Desperate to Cure.—*Major Culpepper*—"Doctor, I'm knocked out; am feeling very poorly this morning."

Dr. Wyse—"Take a pill, and follow it up with quinine."

Major—"Oh, I never could endure blue mass."

Dr.—"Well, a dose of castor-oil, then."

Major—"Ugh! Impossible!"

Dr.—"Hum! I don't know—take a—take a good, stiff julep—plenty of mint and whisky."

Major—"Anything you say, doctor; anything you say!" (Rings the bell.)—*Puck.*

Tight Collars and Vision.—The influence of tight collars in impeding the circulation in the head by pressing on the jugular veins is well known to military surgeons with the troops in India; but the bad effects of such pressure in cooler climates has been demonstrated by the observations of Professor Förster, of Breslau, who states that 300 cases have come under his notice in which the eyesight has been affected by the disturbance of circulation caused by wearing collars that were too small. A large number of these cases were probably subjects of myopia.—*Medical Record.*

We have received, through the secretary, a number of precautionary circulars prepared by the State Board of Health of Pennsylvania for general distribution. The circulars contain precautions against typhoid fever, contagious and infectious diseases, scarlet fever, recommendations in regard to the care of infants, a paper on school hygiene addressed to teachers, and precautions against consumption. They are inclosed in a substantial envelope for preservation and reference in case of emergency, and will be forwarded by the secretary, Dr. Benj. Lee, to

any address on the receipt of a 2-cent postage stamp.

THE REMOVAL OF WARTS BY ELECTROLYSIS.—Dr. Patrzek (Internat. klin. Rundschau) introduces the needle electrodes through the base of the wart in such a manner that they emerge on the opposite sides without coming in contact. During the passage of the current the wart is kept moist with a lukewarm salt solution. The wart becomes white, pale, then blackish and soft in the course of two to five minutes, when the needles are withdrawn. After the operation the wart shrivels up and falls off in the form of a hard, black body, under which the skin is slightly reddened.—*Prager Medicinische Wochenschrift; Cincinnati Medical News.*

THE DOCTOR'S HARVEST.—The man who first made use of the proverb, "It's an ill wind that blows nobody good," knew what he was talking about. Yesterday afternoon I called on a young doctor on Lexington Avenue. One of the principles of this young doctor is that he never buys anything until he is ready to pay cash. Since last winter he has bought and presented his wife with a pretty and cozy dwelling, and yesterday when I called I heard the notes of a sweet-toned piano. "You are succeeding admirably," I said to the doctor. "I congratulate you."

"Do you know to what we owe all this?" asked his wife, as she turned around from the piano.

"What?"

"La grippe," she answered.—*New York Star.*

IT not infrequently happens that physicians base their advice to patients, at least in part, upon the latter's financial condition. A case in point: A friend tells me that his daughter consulted a physician, and the latter, having satisfied himself as to the trouble, suggested a trip to the Yosemite. "But my father cannot afford that," said the young lady. "In that case," the doctor replied, "ask him to buy you a pony and a village cart, and take a long drive every day." "I am afraid," said his patient, "that papa could not afford that, either." The doctor was equal to the occasion. "Then take a good, long ride in an open horse-car every day," he said; "it will do you just as much good." My friend's daughter is now engaged in exploring the suburbs by open street-cars, and is improving rapidly under this "treatment," which costs just ten cents daily.—*Boston Post.*

A PROPOSED ATROCITY IN THE CENSUS.—A published list of the points on which information is to be asked for—and refusal to give it to involve a penalty in the shape of a heavy fine—by the census-enumerators, contains the following: "Whether suffering from acute or chronic disease, with name of disease and length of time afflicted." "Whether defective in mind, sight, hearing, or speech, or whether crippled, maimed, or deformed, with name of defect." We have no hesitation in saying that questions on these points are useless for statistical purposes, because, so far as they are answered at all, they will be answered ignorantly, mendaciously, or evasively in the great majority of instances. To put such questions to every man and woman in the United States is a piece of offensive impertinence; to attach a penalty to refusal to answer them is a monstrous oppression. The atrocious scheme ought to be crushed by those in authority.—*New York Medical Journal*, May 10, 1889.

DANGEROUS FUN.—Professor Cook, the chemistry professor of Harvard College, has a reputation for facetiousness, and his lectures are highly popular, though the attractions appear to partake somewhat of the fearsomeness with which little children pay their first visit to Madame Tussaud's Chamber of Horrors. One of his lectures, says the Toronto Mail, is devoted to dangerous explosives, and a stir always goes over the room when he picks up a bottle labeled nitro-glycerin. His smile is as innocent as a child's, and it reveals the most genial and sympathetic nature in Harvard College. When he picks up the bottle and holds it up, the yellow liquid stirring with the shaking of his hand, he always says something like this: "Now, gentlemen, it is commonly believed that if I were to drop this little bottle we should all be blown to the skies" (his hand trembles a little more, and timid Freshmen look longingly at the door); "but if this compound is pure, perfectly pure, mind you, I can light a match with perfect safety and thrust it down the neck of the bottle." Here he feels for a match. "But," he instantly adds, "I am free to confess that I have not enough confidence in its purity to try the experiment." (Many sighs of relief and one of the professor's divine smiles.) —*Cleveland Med. Gazette.*

A PHYSICIAN'S POWER.—Professor Schwenninger owes his post as the permanent doctor of Prince Bismarck to his extremely frank fidelity. He is a second Abernethy in the brusqueness with which he treats his patients. The great statesman was plagued for years by his incurable nervous excitement and his ever-recurring gout, though it permitted him to eat well, drink well, work prodigiously, and smoke amazingly. No doctor could help him until he had the good fortune to get into the hands of the Bavarian professor, the only man, it is said, who has ever had power enough over Bismarck to compel him to obey.

At his first visit, Dr. Schwenninger found the patient in his gloomiest and most hopeless mood.

The physician began to catechise the Chancellor about his past life. "That is no matter of yours," said Bismarck; "I want you to deal with my present condition." "If that is the case," said the bold Bavarian, "you had better send for a cattle doctor; he would not be in the habit of putting questions to his patients." He took up his hat and made for the door. But Bismarck, suddenly laughing in the midst of his groanings, laid hold of the independent doctor and said, "I believe, after all, you are my man." He has never lost faith in the doctor from that day till now. He is such a model of docility and compliance toward this one man that there may be some excuse for the notion that Dr. Schwenninger must have hypnotized him.—*The Pall Mall Budget.*

Dr. E. P. Davis and Dr. Thos. G. Ashton, in the April number of the Annals of Gynæcology, report a large number of cases of catarrhal pneumonia in children treated by means of the graduated bath and pack. Their method consists in placing the child in a bath of warm water at a temperature of 98° to 105° F., into which sufficient mustard has been placed to redden the child's skin; a cloth wrung out in cool water is placed upon the head. It is allowed to remain in the bath from five to fifteen minutes. The duration of the bath will depend upon the child's temperature, the frequency of its respiration, and the presence or absence of coma or delirium. Should the child be thirsty while in the bath, a teaspoonful of water may be given, or whisky and water, or aromatic spirits of ammonia and water.

The child, when removed from the bath, is carefully enveloped in a warm blanket and a can full of water is placed at its feet, and, if the severity of the case demands, a piece of old soft flannel, sufficiently wide to cover the body from the chin to the umbilicus, is wrung out of water of the temperature of the room, or slightly cooler.

Spirits of turpentine or spirits of camphor are freely sprinkled upon it, and the child's chest is enveloped by the flannel; this is allowed to remain until dried by the heat of the body. Should prostration be marked, stimulants are freely given.

In cases where fever and stupor are excessive the bath may be gradually cooled down to 85° or 80° F., while stimulants are freely administered. The indications for this treatment are a rise in temperature above 102° F., rapid pulse and respiration, with disturbance of the cerebral functions. This treatment has been substituted for the use of emetics and nauseating expectorants, and the result has been such as to justify its employment in the future, and to warrant the calling of the attention of the profession to this expedient among our therapeutic resources.—*Med. Mirror*, June, 1890.

Light in the Sick-Room.—Dr. B. W. Richardson, in the course of a lecture on "Disease, and How to Combat it," remarks as follows:—

Still a custom prevails, despite all our sanitary teachings, that the occupant of the sick-room in the private house should be kept at all hours in a darkened room. Not one time in ten do we enter a sick-room in the day-time to find it blessed with the light of the sun. Almost invariably, before we can get a look at the face of the patient, we are obliged to request that the blinds may be drawn up, in order that the rays of a much greater healer than the most able physician can ever hope to be may be admitted. Too often the compliance with this request reveals a condition of room which, in a state of darkness, is invariably one of disorder everywhere; foods, medicines, furniture, bedding misplaced; dust and stray leavings in all directions.

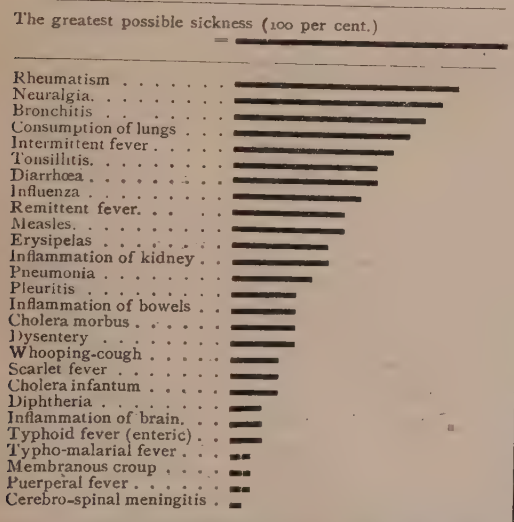
In brief, there is nothing so bad as a dark sick-room; it is as if the attendants were anticipating the death of the patient; and, if the reason for it be asked, the answer is as inconsistent as the act. The reason usually offered is that the patient cannot bear the light; as though the light could not be cut off from the patient by a curtain or screen, and as though to darken one part of the room it were necessary to darken the whole of it. The real reason is an old superstitious practice which once prevailed so intensely that the sick, suffering from the most terrible diseases,—small-pox, for instance,—were shut up in darkness, their beds surrounded with red curtains during the whole of their illness. The red curtains are now pretty nearly given up, but the darkness is still accredited with some mysterious curative virtue.

A more injurious practice really could not be maintained than that of darkness in the sick-room. It is not only that dirt and disorder are results of darkness: a great remedy is lost. Sunlight is the remedy lost, and the loss is momentous. Sunlight diffused through a room warms and clarifies the air. It has a direct influence on the minute organic poisons, a distinctive influence which is most precious, and it has a cheerful effect upon the mind. The sick should never be gloomy, and in the presence of the light the shadows of gloom fly away. Happily the hospital ward, notwithstanding its many defects (and it has many), is so favored that it is blessed with the light of the sun whenever the sun shines. In private practice the same remedy ought to be extended to the patient of the household, and the first words of the physician or surgeon on entering the dark sick-room should be the dying words of Goethe, "More light, more light!"

HEALTH IN MICHIGAN.—Reports to the State Board of Health, Lansing, by observers in different parts of the State, show the diseases which caused most sickness in Michigan during the month of June (four weeks ending June 28), 1890, as follows:—

NUMBER OF REPORTS RECEIVED FOR THE MONTH, 247.	PER CENT. OF REPORTS STATING PRESENCE OF DISEASE.		
Diseases Arranged in Order of Greatest Prevalence in this Month.	June, 1890.	May, 1890.	Av. for June, 4 Years 1886–89.
Rheumatism	71	76	71
Neuralgia	61	69	65
Bronchitis	56	62	51
Consumption of lungs	53	58	54
Intermittent fever	46	35	54
Tonsillitis	41	57	37
Diarrhœa	40	29	42
Influenza	34	44	27
Remittent fever	28	24	30
Measles	26	28	18
Erysipelas	24	25	24
Inflammation of kidney	22	25	22
Pneumonia	16	25	19
Pleuritis	14	22	
Inflammation of bowels	13	13	14
Cholera morbus	12	4	15
Dysentery	11	6	9
Whooping-cough	10	15	15
Scarlet fever	9	9	10
Cholera infantum	7	2	8
Diphtheria	6	7	7
Inflammation of brain	6	6	7
Typhoid fever (enteric)	6	1	5
Typho-malarial fever	4	7	8
Membranous croup	4	5	1.6
Puerperal fever	3	5	6
Cerebro-spinal meningitis	2	5	4

The secretary of the Michigan State Board of Health says that the weekly reports indicate comparative sickness in Michigan during June, 1890, from each of the important diseases as follows:—



For the month of June, 1890, compared with the preceding month, the reports indicate that typhoid fever, cholera infantum, cholera morbus, dysentery, diarrhœa, and intermittent fever increased, and that tonsillitis, cerebro-spinal meningitis, typho-malarial fever, pneumonia, pleuritis, and whooping-cough decreased in prevalence.

Compared with the preceding month the temperature was much higher, the absolute humidity and the relative humidity were more, the day ozone and the night ozone were less.

Compared with the average for the month of June in the four years 1886–89, membranous croup and measles were more prevalent; and typho-malarial fever, cerebro-spinal meningitis, puerperal fever, and whooping-cough were less prevalent in June, 1890.

For the month of June, 1890, compared with the average of corresponding months in the four years 1886–89, the temperature was higher, the absolute humidity was more, the relative humidity was about the same, the day ozone and the night ozone were slightly less.

Including reports by regular observers and others, diphtheria was reported present in Michigan in the month of June, 1890, at fifty-eight places, scarlet fever at fifty-two places, typhoid fever at twenty-eight places, and measles at one hundred and eight places.

Reports from all sources show diphtheria reported at four places less, scarlet fever at three places less, typhoid fever at four places less, and measles at five places less in the month of June, 1890, than in the preceding month.

HENRY B. BAKER, Secretary,

LANSING, MICH., July 3, 1890. By H L. T.

OPEN-AIR MEDICAL CONSULTATION.—We know that we usually consider medical men asses, yet we are all too willing to consult them on the least indisposition. One of my friends, who resides in a city in the interior of France, is often annoyed by persons stopping him on the street and asking for advice, for which they never expect to pay. He lately devised an original scheme to rid himself of open-air consultants. When one meets him on the street and complains of some obscure malady, he cries out: "The devil you say! Show me your tongue." After glancing up and down the street the consultant timidly extends a small portion of his lingual organ. "I tell you to put out your tongue!" exclaims the doctor, angrily; "I can only see the end of it. Stick it out I say. How can I make a diagnosis without seeing the tongue? Stick it out farther. Ah! there. Now close your eyes—that's right." The patient submits with closely shut eyes and his tongue hanging out several inches. This is the occasion the doctor desires, and he disappears with lightning-like rapidity around some corner. The open-air patient always attracts a crowd.—*St. Jo. Med. Herald.*

COCA IN HOARSENESS OF PROFESSIONAL SINGERS.—The Journal of the American Medical Association of May 3, 1890, gives a valuable article, entitled "Hoarseness in Professional Singers, and its Treatment," by Charles E. Sajous, M.D., Lecturer on Laryngology and Rhinology, Jefferson Medical College. We extract the following (page 645):—

Of great assistance in the treatment of these cases is the use of coca wine when taken not only a half-hour before the performance, but at the end of each act, so as to obtain the benefit of "toning" action when the next act is about to begin. That the "toning" action is not due to the wine proper, as some believe, is demonstrated by the fact that sherry, the most alcoholic of all wines, does not at all give the singer the smoothness and ease of execution obtained from coca wine, while liquors, such as whisky or brandy, tend to increase hoarseness, if present, or to cause it if it is not. An interesting paper on this subject was recently read before the Société de Médecine Pratique by Dr. Sandras, of Paris, who thought he could ascribe to the use of cocaine, or coca, internally or by atomization, cases of aphonia occurring in his practice. That cocaine, used locally in any form, may produce aphonia, there is no doubt; but that coca administered internally should is disproved not only by clinical experience, but by our knowledge of the physiological properties of the drug. As demonstrated by Laffont, the action of coca upon the nervous system is one of stimulation, which exerts itself principally upon the constrictor fibres of the sympathetic. The "toning" action of the drug on the larynx is thus clearly explained by the intimate functional relation between the vagus and the formation of the voice, which depends, in reality, upon the action of the constrictor muscles. That paralysis may be due to overstimulation by coca is negatived by the vigorous condition of the natives of Peru, Bolivia, and Colombia, who are, on the contrary, noted for their staying powers, which they ascribe to their constant use of coca-leaves. The fact, however, that many of the coca wines on the market are but solutions of cocaine in either sherry or port wine renders it quite possible that anæsthesia of the posterior portion of the larynx might be caused by contact with the drug during the act of deglutition, and thereby interfere with functions of the vocal organ. I noticed this effect —a stiffness in the throat—while trying a number of brands to ascertain which would best serve my purpose. The preparation which I prescribe ("Vin Mariani"), made from the leaves, does not produce this effect, owing to the infinitesimal quantity of cocaine that it contains—$\frac{1}{60}$ grain to the ounce—all anæsthetic action being furthermore antagonized by the tannic acid present not only in the leaves themselves, but in the exceptionally pure claret forming the excipient. A great advantage of "Vin Mariani" is that it exerts its tonic action without giving rise to constipation. It can for that reason be administered continuously, with much benefit at times, in cases in which muscular weakness causes tremulousness of the voice.

A SUBSTITUTE FOR TEA AND COFFEE.—The London Lancet recommends a beverage made from the new kola-nut as a substitute for tea and coffee. It contains very little tannin, not much more caffeine, and its power of rehabilitating after fatigue and allaying the pangs of hunger are such that it might be used by an army on the march in place of regular rations.

IODOFORM EMULSION IN COLD ABSCESSES.—A recent number of the Wiener klinische Wochenschrift contains a paper by Professor Billroth on the treatment of cold abscesses and tuberculous caries. He says Mosetig v. Moorhof was the first to recommend iodoform as a local antiseptic and an anti-tuberculous remedy. Since 1881 Billroth himself has made an extensive use of the iodoform emulsion. The parenchymatous injections of such solutions, and the injections of them into abscesses, caused such severe and persistent pain that this method was soon abandoned in his clinic. The formula of the iodoform emulsion, as used by v. Moorhof, was, first: ℞ Iodoform pur., 10.0; ol. ricini, ol. amygdalæ, āā 15.0. The first formula used by Mikulicz was. ℞ Iodof. pur., 10.0; glycer., 80.0; oil of olives, 40.0. Later on Moorhof recommended the following formula: ℞ Iodof. pur., 5.0; tere c. glycer., 40.0; distilled water, 10.0; gummi tragacanth., 0.30. The formula used by Mikulicz in Billroth's clinic differed from v. Moorhof's in that the latter contained considerably more iodoform than the former. As the addition of oil seemed to Billroth to be useless, he had only 10 grammes of pulverized iodoform mixed with 100 grammes of glycerin; the mixture had to be violently shaken before it was used. This emulsion could not, of course, be employed for parenchymatous injections. In 1881 Mikulicz reported 2 cases in the Berliner klin. Wochenschrift, in which he had injected the emulsion into cold abscesses of the thigh after opening them. There was considerable diminution of the abscess-cavity after some weeks. Professor Billroth himself tried this method, and in 1884 the results were published by Fränkel. Of 20 cases, 18 were definitely cured, but in the other 2 the treatment was not successful. Professor Bruns, of Tübingen, also obtained very satisfactory results by this method. The anti-tuberculous influence of iodoform was clearly proved by these experiments, and if the effect of the powder when applied to carious foci was not so

satisfactory that was no doubt due to its not being long enough in contact with all parts of the walls of the abscess-cavities and the bones. The emulsion, therefore, was clearly preferable in such cases. The results of this plan have exceeded Professor Billroth's most sanguine expectations, except in some abscesses taking origin from the vertebral column, in which the treatment seemed to be too dangerous to be tried. This method was practiced on almost all the bones, joints, and soft parts of the body, and in nearly all these cases results were obtained far surpassing all previous experience. The *technique* of treatment is as follows: When operating upon the extremities Esmarch's bandage must be applied; when the cavity has been emptied it should be taken off. The cavity is then stuffed with iodoform gauze, and after all bleeding has ceased—it may last from half an hour to three-quarters of an hour—the emulsion is poured in and the wound stitched up. In this, as in all other operations, Professor Billroth insists on the most scrupulous antiseptic precautions; the skin must be washed with alcohol, ether, and sublimate, and the silk sutures must be completely sterilized. An incision is made through the skin, and the soft parts over the abscess along the long diameter of the swelling. Incisions from the tuber ischii to the popliteal space, or from the latter to the heel, are not uncommon in these operations. A large pledget of iodoform gauze is then pushed into the abscess, and its inner surface firmly rubbed, The cavity is then washed with a 1 in 3000 solution of sublimate. If there is a cavity in the bone this is energetically cleansed. The wound is next stitched up, except a large opening through which the emulsion is poured into the cavity of the abscess and the cavity of the bone respectively. Finally, the rest of the wound is closed with sutures and the dressing applied. In most cases fever, lasting from three to four days, supervenes, and occasionally also there is rather high evening temperatures. The following types of cases are met with: 1. No pain, only some passing twinges following the operation; fever moderate. Under these conditions the dressing can be allowed to remain from two to three weeks. Recovery takes place by first intention. The sutures are then removed, and the dressing allowed to remain for about two weeks longer. 2. Sharp pain and severe fever. The dressing is taken off; bloody serum, mixed with iodoform emulsion, escapes from some parts between the sutures. The serum is pressed out; the sutures are allowed to remain, and slender drainage-tubes are introduced into the openings. A new dressing is applied, which is removed after from three to seven days. When the discharge stops the drainage-tubes are removed. Healing by first intention takes place in the deep parts; the granulating wound is dressed with an ointment; the small fistulæ are touched with nitrate of silver, and thus are soon closed. This is the most common course of events. 3. Pain increases on the second and third days after operation. Pure blood or bloody serum escapes from the wound; drainage and fresh dressing. Recovery without suppuration may occur even in these cases. 4. Stitches burst owing to great tension, and decomposition owing to streptococcus albus around the sutures. Treatment as above. 5. Continual fever and pain. Pus escapes from between the sutures. In this case the operation has not been really successful; cocci of suppuration have remained behind. The stitches are removed, drainage-tubes inserted, and pure glycerin or iodoform emulsion poured in every second day. This, in most cases, causes pain and fever. Recovery takes place in from five to six weeks. 6. If after this time no sure signs of definite recovery are present, the operation must be repeated. The worst cases of very large abscesses and numerous fistulæ gave in Billroth's hands the best results, not merely proportionately but absolutely. —Vienna Cor. *British Medical Journal.*

THE ever-progressive house of Parke, Davis & Co. is out this month with some seasonable suggestions as to eligible remedies for prevalent diseases of hot weather.

They have a very convenient list of intestinal sedatives, antiseptics, antispasmodics, and anodynes for diarrhœal and dysenteric affections, some new expectorants of note for coughs and colds, and a normal liquid ipecac, always reliable as an emetic in cases of gastric disturbance due to accumulated fermented food, so frequent a cause of infantile diarrhœa.

This house is largely increasing its facilities for the manufacture of pharmaceuticals. Buildings now in process of erection will double their capacity for production this year, and a new laboratory very complete in its appointments is now being built for them in Canada.

Among the new drugs which this house announces it can supply are the following:—

Cocillana.—Guarea (species undetermined); synonym, sycocarpus rusbyi (Britton); part employed, the bark; natural order, anacardiaceæ; habitat, Bolivia. Properties: Expectorant, tonic, laxative. This new remedy possesses a sphere of influence on the respiratory organs somewhat similar to ipecac, but said to be "superior in certain diseases of the air-passages in which the latter is often used" (Dr. D. D. Stewart, in Medical News, August 24, 1889). Besides its excellence as an expectorant, clinical experience has also established the fact that it exerts a tonic influence upon the appetite, and that it reduces the night-sweats of chronic bronchitis and phthisis. Cocillana also gives promise of useful-

ness as a laxative. Dose: 10 to 30 minims (0.6 to 2 c. c.).

Eschscholtzia (Eschscholtzia Californica, Cham.).—Synonym, California poppy; part employed, the whole plant; natural order, papaveraceæ; habitat, California. Properties: "An excellent soporific and analgesic, and, above all, harmless." Recent analysis claims to have discovered the presence of a minute quantity of morphine in the plant. The quantity contained, however, is not sufficient to account for all the therapeutic effects, and further chemical investigation promises to isolate another active principle which may better explain its action. The drug is a very useful anodyne in certain cases. The inconveniences attributed to the use of opium such as stomach disturbance, constipation, etc., ave not in any case been observed in its use. It n ay with advantage replace opium preparations or children. Fluid extract of the plant, dose, 15 to 30 minims (1 to 2 c. c.).

Jatropha (Jatropha Macrorhiza, Renth.).—Synonyms, jicama, jicomia, Span.; part employed, the root; natural order, euphorbiaceæ; habitat, Northern Mexico and Southern States adjoining. Properties: Alterative and cholagogue; in larger dose hydrocathartic and sometimes emetic. Jatropha macrorhiza, a household remedy of the Mexicans, has been recently recommended for use in this country by Dr. A. H. Noon, on account of its comparative tastelessness, the slight taste the drug possesses being compared to that of the sweet potato. It has been suggested that, as an addition to non-cathartic but otherwise astringent mixtures, its use could not be otherwise than valuable. Clinical experience will doubtless develop other and more specific indications for its employment. Fluid extract of the root, dose, 1 to 2 fluidrachms (2 to 8 c. c.)

Echinacea (Echinacea Angustifolia, Dc.).—Synonym, black sampson; part employed, the root; natural order, compositæ; habitat, western United States. Properties: Very strong claims have been recently made for this drug as an alterative of great value in all strumous and syphilitic indications. Old chronic wounds, old ulcers, etc., have yielded to its use after resisting potassium iodide, sarsaparilla, yellow dock, etc.

It is also stated to be an infallible remedy in the treatment of blood-poisoning, of snake-bites, and as a prophylactic and also curative agent in hydrophobia.

Fluid extract of the root, dose, ¼ to ½ fluid drachm (1 to 2 c. c.).

Hydrastinine.—(A new derivative of hydrastine; a possible substitute for ergot). This substance, an oxidation product of hydrastine, white alkaloid of golden seal, has recently been prepared by us in order to afford opportunities for physiological investigation in European laboratories, prominent among which are those of the Universities of Dorpat and Berlin. It can be obtained from hydrastine by the action of various oxidizing agents, and, though the original methods were attended with considerable waste, improvements in this respect are constantly being made. So far the most troublesome element is encountered in its purification and crystallization. The reaction taking place in its production may be illustrated thus: Hydrastine, $C_{21}H_{21}NO_6$; hydrastinine, $C_{11}H_{11}NO$; opianic acid, $C_{10}H_{10}NO_5$. The alkaloid, or base, being sparingly soluble, and, moreover, rather prone to decomposition when in solution, we have given preference to the hydrochlorate as possessing the desirable elements of stability and solubility in aqueous fluids. Recent advices from the highest European authorities represent it to be of immeasurable service in controlling uterine hæmorrhages, far surpassing ergot in efficiency, certainty of action, and safety.

Broom-corn Seed (Andropogon sorghum, Brot.).—Synonyms, sorghum saccharatum, Pers.; s. vulgare, Pers.; part employed, the seed; natural order, graminæ; habitat, subtropical distribution, extensively cultivated. Properties: Diuretic, sedative, demulcent, and soothing to the irritated urinary organs in vesical catarrh, cystitis, and irritable bladder. In the aged, who are compelled to rise frequently at night to void their urine, it has produced great relief. It must not be confounded with broom-top, or scoparius. Dose of fluid extract of the seeds, 1 fluidrachm (4 c. c.) three to five times daily.

Among other products this firm has recently introduced may be mentioned the following:—

Compound sulphur lozenges, acetanilid tablets, and soluble elastic capsules of quinine muriate. They are headquarters also for selected pressed herbs, which they guarantee to be superior to any others in the market.

NUTRITION AND STIMULATION IN THE DISEASES OF CHILDREN.—Extract from article read to the Academy of Medicine, St. Louis, October 23, 1889, by I. N. Love, M.D.:—

In spite of the opposition of Lallemand, Perrin, and Duroy, I believe the proposition of Liebig, made long ago, that alcohol, like any other non-nitrogenous alimentary principle, is consumed by oxidation. He believed that it was second only to fat as a respiratory material.

Pavy takes the position that, even though a small portion does escape from the system unchanged, the bulk which is ingested is lost sight of, and presumably is appropriated in the system.

However one may theorize, the clinical facts remain that alcohol is a food of special value in the exhausting diseases, whether affecting children or adults; that it diminishes tissue metamorphosis and economizes the consumption of material in the body.

As a diffusible stimulant, alcohol in one form or another may not only urge on a failing heart, eliciting force, but as well aid in supplying it.

In the diseases of children where stimulation is especially indicated, such as continued fevers, diphtheria, etc., I have found Tokay wine to be the most desirable form. It is almost the only alcoholic stimulant that children will take willingly. Pavy, than whom we have no higher authority, says: "Tokay far excels all wines, and holds, in fact, a unique position. It is one of the most universally famed of wines, and always commands a price which places it only within the reach of the wealthy. It is made from the juice which flows spontaneously from the over-ripe grapes. It ranks among the sweet wines, but with its sweetness it possesses an exceedingly rich, aromatic, mouth-filling wine flavor."

Henoch, of Berlin, says: "Pure Tokay is an admirable aid in the nourishment of atrophic infants. My teacher, Romberg, was accustomed to say Tokay was not alone 'lac senile,' but also 'lac juvenile.'"

The tributes from such high authorities to the value of Tokay have been thoroughly justified by my experience, more particularly of the past ten years.

One of my own children, a victim to a nine-week siege of continued fever, was greatly supported by Tokay wine.

One great difficulty experienced for a number of years was, the extreme high price of the Hungarian Tokay. Three dollars a bottle placed it absolutely beyond the reach of the great majority of sufferers. The California Vintage Co., 21 Park Place, N. Y., some years ago introduced to the medical profession of the East a brand known as the "Royal Tokay." It at once became very popular, and is now used to the almost complete exclusion of the imported article. The Royal Tokay first came under my observation something over a year ago, since which time I have used it continuously with my patients, it giving in every instance the completest satisfaction. The cost of the Royal Tokay is one-half of the imported article, which brings it within the grasp of the masses.

Brandy, as we all know, occupies the front rank in public estimation, of all the different stimulants. Its purity and the richness and delicacy of its flavor give it the position that it holds, and renders it suitable to be chosen in any case where a spirit is required, either as a food or a therapeutic agent.

The term brandy is derived from a corruption of the German *branntwein* and the French *brandevin*, and means burnt wine, or wine subjected to the influence of heat. It is in fact the product of the distillation of grape-juice which has undergone alcoholic fermentation.

There can be no question that it is the ideal stimulant to be given in all cases where disturbance of the alimentary canal is an accompaniment.

I have frequently sustained my patients for days by the use of diluted brandy, where all else in the form of food or drink was rejected. It is peculiarly valuable in cases of gastric congestion, gastritis, the irritable stomach of typhoid fever, and other similar conditions.

The developments of the past few years have demonstrated that much of the imported brandy is impure and adulterated; therefore, it is gratifying to know that we have produced in our own country a brandy that is absolutely reliable.

I have been using, exclusively, for many months in my practice, the Royal Grape Brandy of the California Vintage Co., and in no case have I had occasion to regret it. I therefore feel justified in accepting in full [basing my acceptance upon clinical experience] the following, which appears in the editorial column of the N. Y. Med. Journal, Dec. 18, 1887:—

"We are gradually learning that various articles of American production are far superior to any that can be imported, and that California Brandy is one of them. In particular the 'Royal Grape Brandy' furnished by the California Vintage Co., 21 Park Place, N. Y., we believe to be unsurpassed by any brandy made in France, whether we consider its flavor or its purity; and rarely equalled. It is smooth to the tongue and delicate and fruity in both taste and aroma, and a considerable trial of it has satisfied us of its absolute freedom from extraneous substances. Considering the very moderate price asked for it, really not greater than one has to pay for good whisky, it seems to us a duty on the part of physicians to employ it with their patients."

I present for your consideration the following conclusions:—

1. The most careful consideration of the diet of children from the day of birth should be given on the part of physicians and parents, with a view of building up in the child a power of resistance against disease.

2. The majority of the diseases of children can better be treated dietetically than medicinally, though medicine should not be despised.

3. Of course, in diphtheria and the exanthemata, and some other diseases, we have a specific germ which must never be lost sight of, but in all other diseases, acute or chronic, elimination, tranquilization, stimulation, and nutrition are the "big four" combination upon which we can rely.

4. In typhoid and other continued fevers a greatly opened condition of the vital sewerage system, a daily cleansed skin, proper sleep and quietude—mental and physical, a safe temperature [not permitted to go too high, or brought

down too low] should be maintained, along with judicious stimulation and persistent feeding—feeding to the limit of the assimilative powers of the alimentary canal [and the skin as well, if need be], never losing sight of the necessity in the majority of cases for the predigestion of all foods.

A persistent course of treatment such as this will, I believe, accomplish the saving of nearly all cases.

BOOK REVIEWS.

Headaches in Diagnosis. (Chart form, illustrated). By Dr. C. COLEMAN BENSON. Second edition.

Every means which helps toward an accurate diagnosis is of service, and physicians will do well to provide themselves with Dr. Benson's series of charts, in which are tabulated much useful information. They are to be had only of the author, 110 West Mulberry street, Baltimore, Md

A Treatise on Neuralgia. By E. P. HURD, M.D. The Physicians' Leisure Library. George S. Davis, Detroit, Mich. Price, in paper, 25 cents; cloth, 50 cents.

This monogram contains a concise but graphic description of the various forms of neuralgia, with a full discussion of the etiology, diagnosis, prognosis, and treatment. In Chapter II is given Vanlair's Tableau of the Neuralgias, a *résumé* of the nerves and ganglia attacked in idiopathic cerebro-spinal and visceral neuralgia, and the many varieties of symptomatic neuralgia. Chapter IV treats of particular forms of neuralgia, and enumerates the painful points of Valleix as regards facial, cervico-occipital, and sciatic neuralgia. In Chapter V, on visceral neuralgias, the reader will find a good account of angina pectoris and the true cardiac neuralgias, with a valuable table, taken from Huchard, showing the principal distinctive features of the true and spurious anginæ. The chapter on diagnosis is excellent; that on treatment complete and up to the times.

Rheumatism and Gout. By F. LE ROY SATTERLEE, M.D., Ph.D. The Physicians' Leisure Library. George S. Davis, Detroit, Mich. Price, in paper, 25 cents; cloth, 50 cents.

Painful personal experience has given vividness to the author's study of these affections, especially in the matter of treatment. Accepting the chemical theory of origin, he lays stress upon stimulation of the liver and alkalinization of the blood. He disapproves of the use of salicylic acid and the salicylates in cases of acute rheumatism, believing that they favor, or at least allow, the frequent occurrence of relapses, and are attended by deleterious after-effects. While there is some truth in these charges, nevertheless the advantages would seem to far outweigh the drawbacks. The patient, as a rule, is made far more tolerable by the administration of salicylic acid. Pain, swelling, and fever rapidly subside. After this subsidence, alkaline treatment may be advantageously substituted. The later remedies, antipyrin, antifebrin, and phenacetin, are briefly but more favorably mentioned.

A succinct description of rheumatoid arthritis and gout is given, and the little work closes with analyses of various mineral waters which have been found beneficial in these diseases.

Terminologia Medica Polyglotta. A Concise International Dictionary of Medical Terms. Compiled by THEODORE MAXWELL, M.D. Camb., B.Sc.Lond., F.R.C.S.Edin. Lond.: J. & A. Churchill; Paris: G. Masson; Philadelphia: P. Blakiston, Son & Co.

Dr. Maxwell has been assisted in his work by a number of English and Continental collaborators. The object, as the preface informs us, "is to assist medical men of various nationalities to read the medical literature of other countries." In every civilized land, doubtless, there are many who, without aiming at a complete mastery of a foreign tongue or tongues, acquire a sufficient knowledge of the grammar and vocabulary to enable them to consult the works of foreign writers. To physicians with this kind of linguistic knowledge the work before us must prove a very valuable addendum to the ordinary dictionaries. For these latter, however full they may be as regards the words and phrases met with in general literature, are necessarily more or less defective in respect to medical terms. Moreover, being prepared by laymen, the physician is justified in doubting how far he can trust the accuracy of their definitions. Such doubts are solved by the work in question, which furnishes authoritative equivalents of medical terms in Latin, English, French, German, Italian, Spanish, and Russian.

The Therapeutical Applications of Peroxide of Hydrogen (Medicinal) and Glycozone. By CHARLES MARCHAND, Chemist, Graduate of the "Ecole Centrale des Arts et Manufactures de Paris." New York, 1890.

Since the microbic origin of infection has been demonstrated, the most important problem of the therapeutist has been to find an agent capable of destroying micro-organisms without, at the same time, being deleterious to the host. It would seem that we possess an ideal weapon in the peroxide of hydrogen, which may be termed nature's disinfectant, and which may be applied in such a manner as to be harmless to the tissues. Ample

clinical evidence exists as to its value. It may be used in the form of a spray in diphtheria, scarlatinal angina, hay fever, bronchorrhœa, whooping-cough, and pulmonary tuberculosis. It is equally well adapted to the treatment of chronic nasal catarrh and ozæna. The remedy may also be used internally in chronic gastric or intestinal catarrh.

In septicæmia, pyæmia, and infectious fevers it may be used with great benefit. It is applicable to a host of surgical and gynæcological disorders.

With all these undeniable advantages the peroxide of hydrogen has been strangely neglected, by reason, perhaps, of its instability as a chemical combination, and probably, also, from a lack of information regarding its manipulation. These objections, however, are readily dissipated.

The pamphlet of Mr. Marchand, therefore, is useful, in that it describes the mode of preparation and handling of the agent, and enumerates various diseases in which it has been found valuable. Any one interested in the subject—and all should be—will receive, without charge, a copy of the pamphlet by applying to its author at No. 10 West Fourth street, New York City.

CURRENT MEDICAL LITERATURE

A Communication from Jack the Ripper.

Abstract of Proceedings of the Michigan State Board of Health.

McGill University Annual Calendar Faculty of Medicine. Fifty-eighth Session, 1890–91.

Woman's Medical College of Pennsylvania, Philadelphia. Forty-first Annual Announcement, May, 1890.

New Methods of Performing Pylorectomy, with Remarks upon Intestinal Anastomotic Operations. By A. V. L. Brokaw, M.D., St. Louis, Mo. Reprinted from the St. Louis Courier of Medicine, June, 1890.

Report of J. C. LeHardy, M.D., Medical Director of the Citizens' Sanitary Association, upon the Mortality among the Two Races. Read at the Annual Meeting held February 24, 1890, and Published by Order of the Society.

A Study of Cerebral Palsies of Early Life, based upon an Analysis of One Hundred and Forty Cases. By B. Sachs, M.D., and F. Peterson, M.D. Reprinted from the Journal of Nervous and Mental Disease, May, 1890.

Apparent Cancerous Transformation of Syphiloma of the Tongue. Excision of the Tongue by the Galvano-Cautery. By G. Frank Lydston, M.D., Chicago, Ill. Read before the Mississippi Valley Medical Association, September 10, 1889. Reprint from N. Y. Medical Record, Oct. 26, 1889.

Education in America. By Samuel G. Dixon, M.D., Professor of Hygiene in the University of Pennsylvania.

De la Mobilisation de l'Etrier par le Docteur E. J. Moure, Professeur libre des maladies du larynx, des oreilles et du nez, Directeur de la Revue mensuelle de Laryngologie, d'Otologie et de Rhinologie, etc. Communication faite au Congrès international d'Otologie et de Laryngologie de Paris, 1889.

Influenza. Eine geschichtliche und klin. Studie von Dr. A. Ch. Kusnezow, o. ö. Professor der klinischen Medicin und Therapie an der kais. Universität in Charkow, und Dr. F. L. Herrmann, Charkow. Nach dem Russischen bearbeitet von Dr. Jos. V. Drozda, Docent für interne Medicin an der Wiener k. k. Universität.

Address of the Chairman of the Section on State Medicine. By John B. Hamilton, M.D., LL.D., Supervising Surgeon-General of the Marine Hospital Service of the United States. Delivered at the Forty-first Annual Meeting of the American Medical Association, held at Nashville, Tenn., May, 1890. Reprinted from Journal of the American Medical Association, May 31, 1890.

The Nervous Substratum of Influenza. A Series of Cases Illustrating Localization in Nervous Diseases. The Hepatic Element in Disease. Papers by J. W. Springthorpe, M.A., M.D. Melb., M.R.C.P. Lond. Physician to the Melbourne Hospital. Lecturer to the University on Therapeutics, Dietetics, and Hygiene. Reprinted from the Intercolonial Medical Congress of Australasia Transactions.

Intestinal Anastomotic Operations with Segmented Rubber Rings, with Some Practical Suggestions as to their Use in Other Surgical Operations. By A. V. L. Brokaw, M.D., Demonstrator of Anatomy, Missouri Medical College, Medical Department State University; Senior Assistant Surgeon to St. John's Hospital, St. Louis, Mo. Reprinted from the Transactions of the Southern Surgical and Gynæcological Association, November, 1889.

Two Cases of Resection of the Cæcum for Carcinoma, with Remarks on Intestinal Anastomosis in the Ileo-Cæcal Region. By N. Senn, M.D., Ph.D., of Milwaukee, Wis., Attending Surgeon Milwaukee Hospital; Professor of the Principles of Surgery and Surgical Pathology in Rush Medical College, Chicago, Ill. Read in the Section of Surgery and Anatomy at the Forty-first Annual Meeting of the American Medical Association, held in Nashville, Tenn., May 21, 1890. Reprinted from the Journal of the American Medical Association, June 14, 1890.

COMMERCIAL NEWS.

The Ideal Sea-side Resort.

The above heading fits Cape May Point more closely than any of the numerous resorts so profusely scattered along the Jersey coast. We have gone to much expense both of time and money to verify our assertion that, as a Summer or Winter Home for Invalids, it cannot be surpassed. Our most eminent practitioners recommend this place for its peculiarly mild climate and almost entire absence of that distressing dampness which is found to be one of the chief objections to the coast in this latitude. Beautiful drives through the pine woods, fresh vegetables and pure milk from the adjacent farms (cultivated almost to the water's edge!), and a most refined class of patrons are a few of the many additional charms possessed by this most favored spot. A line to Col. A. H. Hamilton, Cape May Point, N. J., will enable you to get any further information you may desire.

Location Wanted.

By a graduate of the University of Pennsylvania (Class '90), an established practice, with or without real estate (New York State preferred), or a position as assistant. Address, with full particulars, "Medico,"

Care of Medical Bulletin, Philad'a, Penna.

Two Interesting New Drugs.

Among new drugs recently investigated are two of much promise, Cocillana and Naregamia Alata.

The evidence thus far obtained from clinical experience would indicate that these remedies are likely to prove an important addition to the expectorants and respiratory stimulants now employed. In the spasmodic cough of acute bronchitis, in the hacking cough of phthisis, and wherever there is marked interference with the respiratory function through accumulation of secretion of the inflamed membranes, these remedies are likely to prove efficient.

Parke, Davis & Co., who have introduced these remedies, offer samples of them to physicians desiring to test them clinically, also reprints of articles concerning them, free of charge.

Washington, D. C., October 5, 1889.

The Maltine Manufacturing Co.

Gentlemen: I have used your preparations of Maltine, "Maltine with Cascara Sagrada" and "Maltine with Pepsin and Pancreatine," and have had very satisfactory results. "Maltine with Pepsin and Pancreatine" has proved especially successful in every case used, and I expect to use your preparations very much more freely in the future. Yours, etc., Richard S. Hill.

Progressive Appreciation.

The simple fact that any one article of daily use should be so thoroughly indorsed and commended as the disinfectant known so universally as Platt's Chlorides speaks volumes in its praise.

Many, yes, very many physicians of world-wide reputation have given their names in indorsement of this very worthy preparation who never before or since have conferred a like tribute on any article.

The following, from an eminent but conservative physician of Philadelphia, is an instance:—

I have used Platt's Chlorides for so long a time that I have forgotten my earliest use of the preparation, and each time with renewed confidence in its merits. It is indispensable in the sick-room, and without a rival. Oliver P. Rex, M.D.,

1611 Race Street, Philad'a.

Diseased Appetite of Hysterical Women.

℞ Tinct. Ignatiæ, . . . 1 drachm.
Celerina (Rio), . . . 4 ounces.
M. Sig.: Teaspoonful three times daily.

Extract of Pinus Canadensis.

R. J. Mitchell, M.D., Thomasville, Ga., says: I have given S. H. Kennedy's Extract of Pinus Canadensis an extended trial. I am satisfied that it is a greater medicine than it is represented to be. In gonorrhœa, leucorrhœa, and gleet it acts like magic.

℞ S. H. Kennedy's Extract Pinus
Canadensis (White), . . 2 ounces.
Glycerin, ... ½ ounce.
Aquæ, ... 6 ounces.
M. Sig.: Inject three times a day after urinating.

I also used the Dark in chronic dysentery with pretty good results. The case of leucorrhœa was of eight months' standing. I hope and predict that in the near future every physician will carry a bottle of S. H. Kennedy's Extract of Pinus Canadensis in his saddle-bags.

Peacock's Bromides.

In headaches of all kinds, from whatever cause, Peacock's Bromides has given me more satisfaction than anything that I have ever used in a practice of twelve years. When a patient comes to me and asks me if I can cure his or her headache, I unhesitatingly say "yes," and do it with Peacock's Bromides. It never fails.

S. L. Barr, M.D., Cavour, Dak.

Do you know the theory of reconstruction by the Hypophosphites of Lime and Soda? If not, read the advertisement on page 2 and send for a pamphlet.